

# My Language, My Health: Inquiry into the Welsh Language in Primary Care

Summary of the  
Welsh Language Commissioner's  
full report



Comisiynydd y  
Gymraeg  
Welsh Language  
Commissioner



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I'm very pleased to publish the report of my first statutory Inquiry under Part 2, Section 7 of the Welsh Language Measure (Wales) 2011.

The focus of this Inquiry is the Welsh language within primary care in Wales. Each of us has a relationship with the health sector, as patients, carers, family members or friends. Primary care is the starting point for most of us with the health service; delivered in the community by GPs, dentists, opticians, pharmacists, the wider community team or through NHS Direct Wales.

I heard some say that primary care was too difficult and too large a subject and that I was too ambitious. It is the Welsh Language Commissioner's duty to be ambitious and challenging on behalf of Welsh speakers.

In the process of gathering evidence for the report, I have learnt of the experiences of well over 1,000 Welsh speakers through a survey conducted and through a call for evidence. I would like to thank all those that responded – they have all played a central part in this Inquiry. It is not easy to talk about personal experiences and I have been very concerned to hear of some worrying experiences that Welsh speakers and their families have had to face in not being able to access healthcare appropriate to their needs. I truly hope that this report is the beginning of the end to such experiences.

On the other hand, I have been encouraged by the pragmatic and constructive approach of a large number of organizations and individuals that I have spoken with or who have presented written evidence or appeared before the Inquiry Panel. All have expressed an interest and enthusiasm to discuss the subject and many were willing to help identify barriers and problems but more importantly, willing to discuss the way forward in order to improve service quality for patients in Wales.

Based on the evidence presented, it is safe to say that there is recognition across the sector that the Welsh language is an intrinsic part of the quality of healthcare and that a Welsh language or bilingual service is vital for the welfare of Welsh speaking patients.

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## Foreword – Welsh Language Commissioner

I acknowledge that there are challenges facing the primary care sector as it develops for the future, but alongside those challenges and changes, there are opportunities. I want this report to spur on the work that is already underway and act as a catalyst for work that is yet to be undertaken. I want it to be a source of useful information and guidance to plan the way forward, as well as being an uncomfortable reminder of the risks of services that are below an acceptable standard.

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A number of key strategies and reports already emphasise the need to place the patient at the heart of the process of planning healthcare. This report adds to the call to ensure dignity and respect on the one hand and clinical safety on the other.

I hope this report will be the start of a discussion leading to action on the recommendations in order to improve the quality of primary care in Wales.

I'm extremely grateful to the Inquiry Panel, chaired by Dr Peter Higson, for their dedication, their enthusiasm and their wisdom over the past year in scrutinising the evidence and giving an objective overview to the work. I would also like to thank my officers for their hard work on this Inquiry during the period.

**Meri Huws**  
**Welsh Language Commissioner**



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## Foreword – Chair of the Inquiry Panel

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It was an honour to chair the Panel for the Welsh Language Commissioner's first statutory Inquiry. The Panel was made up of a small group, each of us bringing our expertise from our various backgrounds to meet monthly over a period of a year. We were presented with written evidence and received evidence in person from key stakeholders. Our sessions were characterised by healthy inquiry, open discussions and a complete dedication to get to the heart of matters from the point of view of the patient.

Our remit was to receive and scrutinise evidence and to provide the Commissioner with an objective overview of issues related to Welsh Language provision within primary care in Wales. The evidence received included Welsh speakers' experiences and patient stories together with evidence and information from the Welsh Government, stakeholders within the health sector and beyond.

In light of this work it became apparent to the Panel that a number of key issues need to be addressed and that the Welsh language should be much higher on the health agenda and mainstreamed at all levels: healthcare standards, targets, service and workforce planning, commissioning and training. Fundamental to any improvements are the leadership and culture within the NHS and primary care and the need for clarity on accountability and responsibilities for health professionals as well as patients.

There is a need for wider sharing of information in terms of where Welsh language services and capacity are and also patients' language needs in the process of planning all healthcare interventions and packages. It also became apparent that there is a clear lack of systematic planning at many levels and as a result lack of provision for Welsh speakers leading in a number of cases to real clinical risks. However, there are also many opportunities identified in the report: the current Welsh language capacity and skills in the workforce should be encouraged, utilised and developed; the further development of Welsh medium further and higher education and training should also be supported in order that we produce a workforce fit for purpose.

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## Foreword – Chair of the Inquiry Panel

Over the period the Commissioner's Inquiry was held a number of significant publications and statements were made relevant to the area in question – none more relevant in the Panel's opinion than the Minister for Health and Social Services's call for prudent health care in Wales, an approach that reflects a number of points made by the Commissioner in this report. Delivering healthcare that treats patients according to their needs and circumstances is key.

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On behalf of my fellow members, Dr Elin Royles, Dr Gareth Llewelyn and Professor Ceri Phillips I would like to note our thanks to the Commissioner's staff for their assistance and to the Commissioner for this opportunity to examine carefully the issue of the Welsh language in primary care: the beginning of many patients' relationship with their health services. I trust that our work has set out a firm basis for action in order that Welsh speakers are ensured equitable access to primary care services in the language that best serves their health, wellbeing and dignity.

**Dr Peter Higson**



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This is a summary of the Welsh Language Commissioner's statutory Inquiry into the Welsh language in primary care. The full report together with the research results can be accessed via the Welsh Language Commissioner's website or by contacting:

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## Part 1 – Background to the Inquiry

### Welsh Language Commissioner's Inquiry

Under Section 7 of the Welsh Language (Wales) Measure 2011, the Commissioner has the power to conduct an inquiry into 'any matter relating to one or more of the Commissioner's functions'<sup>1</sup>. The Commissioner has the power to make recommendations to Welsh Ministers, make representations to any person and give advice to any person

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As part of the functions outlined in the Welsh Language (Wales) Measure 2011, the Welsh Language Commissioner must give due regard to the following principles in exercise of those functions:

In Wales, the Welsh language should be treated no less favourably than the English language

Persons in Wales should be able to live their lives through the medium of Welsh if they choose to do so

An inquiry provides an opportunity to examine a particular area where it is considered that there are gaps in provision for Welsh speakers and to consider the reasons for any gaps and the subsequent effect on service users. An inquiry can explore whether the Welsh language has been adequately mainstreamed into legislation, policies and procedures on the ground. It is an opportunity to lay a foundation of robust evidence and factual information regarding users' experience and the situation of the Welsh language to enable improvements in national and local policy decisions.

The Inquiry's terms of reference were published for the public and stakeholders in April 2013 on the Welsh Language Commissioner's website and contained in an information bulletin for stakeholders in various relevant sectors.

### Inquiry Panel

The Commissioner established a Panel of external experts, chaired by Dr Peter Higson. The Panel's other members were Professor Ceri Phillips, Dr Elin Royles and Dr Gareth Llewelyn. The purpose of the Inquiry Panel was to provide assurance of external expert scrutiny to the inquiry process and ensure an objective overview to the Commissioner's work in relation to the evidence and research gathered during the Inquiry.

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<sup>1</sup> Section 7(1) Welsh Language (Wales) Measure 2011

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## Part 1 – Background to the Inquiry

The Panel's remit resulted directly from the Inquiry's terms of reference. The Panel received and scrutinized evidence associated with primary care in Wales, and it provided comments to the Commissioner to help formulate conclusions and recommendations for the Inquiry's final report.

### Call for evidence and research into patient experience

The Commissioner announced a call for evidence between May and October 2013 giving the public and stakeholders an opportunity to make representations

Over 170 pieces of evidence were received from members of the public who contacted the Commissioner. 26 stakeholder organizations provided formal written evidence. 16 stakeholders gave evidence in person to the Inquiry Panel.

In addition, in order to ensure that the voice of the patient was central to the work, Beaufort Research, the independent market research company, was commissioned to conduct a survey of 1,000 fluent Welsh speakers about their experiences of receiving or failing to receive primary care services through the medium of Welsh. A quantitative survey and qualitative interviews were held during autumn and winter 2013.

The report by Beaufort Research is published in full on the Commissioner's website.

### Why primary care?

Primary care services refers to health care at the first point of contact patients have with the health service, i.e. those services provided in the community in a GP practice (this can include practice nurses and health visitors for example), dental practices, community and high street opticians and pharmacies, multi disciplinary teams within the community and the NHS Direct Wales helpline<sup>2</sup>. Health is a subject that affects everyone in Wales, either directly as patients, or indirectly as family, friends or carers.

Primary care services (GPs, pharmacists, dentists and opticians) are the starting point of the relationship between a large number of people and the health service (estimated at around 90%) and a continuation of care throughout the patient's journey from the very first point needs to be ensured. It is a service that is provided in every community in Wales; over three million people in Wales are registered with a general practitioner<sup>3</sup>. According to Welsh Health Survey figures the majority of people's contact with the NHS is through primary care services.

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<sup>2</sup> For the purpose of this inquiry a definition from a report on the health system in Wales was used (European Observatory on Health Systems and Policies and WHO) and verified legally and against Welsh Government definition. Officers from the Welsh Government's Health and Social Services Department referred to the World Health Organisation's definition. It should be noted that stakeholders' opinions regarding what is meant by primary care differed and therefore a more inclusive approach was employed in response rather than omitting elements that some did not feel were relevant. However some comments were received during the Inquiry stating that the restricting the terms of the inquiry to primary care prevented the Commissioner from examining other important issues.

<sup>3</sup> According to registered population figures, not the ONS

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## Part 1 – Background to the Inquiry

Historically, it has been difficult to ensure clear, consistent progress in Welsh language provision within primary care. In a comprehensive study of the Welsh Language in the National Health Service on behalf of the Welsh Consumer Council in 2000, the author Andrew Misell noted the following with regard to primary care:

Of all the sections of the National Health Service in Wales, it is likely that this is the one where the Welsh language provision is most disorganized and inconsistent.<sup>4</sup>

Welsh language service provision is ad hoc rather than systematic according to anecdotal evidence. Monitoring evidence provided to the Commissioner by health boards report on the barriers they encounter when attempting to carry out their statutory requirements with their primary care providers. GPs and surgeries are their main focus in this context. The lack of clarity in terms of the commissioning relationship and the fact that National Contracts do not include a clear and explicit reference to the Welsh language means that risks continue.

In the Commissioner's Overview Report of Annual Monitoring Reports of NHS health boards and Trusts 2012-2013 in response to concern regarding the slow and uneven progress across Wales, it was noted:

..It is therefore essential that bodies are proactive in their dealings with the [primary care] sector and undertake more systematic and strategic planning in order to ensure that the language needs of users are met.<sup>5</sup>

### Aim of the Inquiry into primary care

The aim of this Inquiry is to offer a clear analysis, based on firm evidence (qualitative and quantitative), of the extent of patient experience of Welsh language provision within primary care services. The Inquiry also makes recommendations for improvements as ultimately, the aim is to try to change things for the better for Welsh speakers. This could require a change of mindset, behaviour or action by individuals - from policymakers to frontline care providers.

The Commissioner's recommendations will be relevant to persons who are or will be responsible for implementing the objectives of the Welsh Language Measure in relation to primary care services in Wales, persons responsible for making decisions affecting primary care services in Wales and, of course, members of the public in Wales. The Inquiry's aim is to establish the basis for positive change and help relevant individuals to make and implement decisions which will promote and facilitate the use of the Welsh language in primary care and ensure that it is not treated less favourably than the English language.

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<sup>4</sup> Welsh in the Health Service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales; Misell, Andrew; Consumer Council Wales; 2000

<sup>5</sup> The Welsh Language Commissioner's Overview Report of Annual Monitoring Reports 2012-2013: NHS Health Boards and Trusts in Wales

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## Part 1 – Background to the Inquiry

### The Welsh Language Commissioner's recommendations

**Recommendation 1:** I ask Welsh Ministers to provide me with a report within 6 months of the publication of this Inquiry in response to my conclusions and recommendations.

**Recommendation 2:** I ask Welsh Ministers to designate a Chief Officer to be responsible for leading the work on improving Welsh language provision in primary care in Wales.

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During the scrutiny of evidence the Inquiry Panel was of the opinion a number of fundamental issues needed to be addressed. A health service responds to the needs of individuals and as the 2011 Census figures show, Welsh speakers live in every community in Wales. A local primary care service should therefore be responsive to the needs of the Welsh speaker regardless of the number of Welsh speakers living in the local area. The Panel were also of the opinion that the patient should not be burdened with having to request or demand services in Welsh.

Having an understanding of bilingualism and language use and the demographic profile are important elements of professional awareness for the primary care sector in Wales. This awareness is needed in order to provide the best service possible. The third, and vitally important element, is hearing the patient's voice – this forms the main focus of this Inquiry.

It is important to ensure that the significance of bilingualism is fully understood within the health context, particularly in relation to the predominantly monolingual service currently experienced by the majority of Welsh speakers.

Those who work in the primary care sector need to understand the fundamental elements of providing suitable primary care for a Welsh speaker.

There is a need to adopt positive and proactive attitudes to ensure that the linguistic needs of Welsh speaking individuals are central to their care. Practical and organizational support needs to be provided to achieve this and language awareness should be central to education and training.

The Commissioner is of the opinion that a comprehensive view should be taken of how primary care services in Wales should be developed to meet the needs of its bilingual population.

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### Communication

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#### The Welsh Language Commissioner's recommendations

**Recommendation 3:** I ask Welsh Ministers and those bodies responsible for providing primary care in Wales to assess the sector's Welsh language capacity and to increase, as necessary, the sector's ability to meet the communication needs of Welsh speakers in a way which is clinically safe.

**Recommendation 4:** I ask Welsh Ministers to undertake a Welsh language skills audit across primary care services. They should outline how the audit could be conducted and a timetable for its completion. In addition, Ministers should explain how the recorded information would be kept up to date.

**Recommendation 5:** I also ask Ministers to explain how the information, once collected, could be used to enable the sector to expand the use of the Welsh language, particularly within the context of the clinical relationship.

Effective verbal communication between the health professional and the patient is a core clinical function. Failure in communication may pose risks for the patient's safety and welfare. Research shows that effective communication is an integral part of the quality and safety of health care. It is therefore reasonable to conclude that communicating in Welsh improves the quality and safety of care for a number of Welsh speakers.

Welsh speakers currently receive the majority of their primary care experiences through the medium of English. Welsh speakers have varying needs, with some patients unable to receive effective clinical services unless those services are provided in Welsh.

As outlined in more detail in the next part of the report, there is no evidence that the primary care sector makes any systematic effort to establish the language needs of patients; this raises questions about risks to the quality and safety of care.

When an individual comes into contact with primary care, it will often be during a period of frailty when he/she is feeling vulnerable. Having to visit practitioners regarding a health problem may be a difficult and uncomfortable experience.

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## Part 2 – Is language choice a myth?

Research indicates that unless a patient receives service in his/her first language, this adds to a feeling of being powerless and vulnerable. It is also acknowledged that communicating in a second language is especially difficult when someone feels confused, frightened or stressed.

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The experiences and stories heard by the Commissioner, from both the survey and arising from contact between members of the public and the Inquiry's officers, give cause for concern.

There were several examples of good practice and expressions of satisfaction with the service received from primary care providers and some are referred to in the main report. But, on the whole, the survey results indicate that Welsh language services for patients are inadequate and they, along with the experiences outlined, call upon the sector to listen.

We should be offered a service in Welsh; no-one has ever asked me would I like to have a service in Welsh. I would appreciate it if someone at least asked. If they cannot provide the service in Welsh they should understand that I am not receiving the service I would wish to receive. I'm receiving second-best. (member of the public, Cardiff and Vale Health Board area).

Day to day practice needs to be aligned with what is recognised and acknowledged by academics and professionals as an appropriate clinical relationship. Staff should have appropriate levels of information and skills to enable them to organise appropriate service. Priority must be given to the delivery of certain fundamental elements through the medium of Welsh:

- identifying and assessing language needs;
- enquiring about medical history and symptoms;
- providing advice and instructions;
- diagnosing and supporting this with further information (e.g. in the form of leaflets);
- ensuring informed consent.

Putting the patient at the centre of the health service is not a new concept. The NHS in Wales has placed emphasis on focussing on the patient since the white paper **Putting the Patient First** in 1998<sup>6</sup> and it is present together with the need to listen to patients' needs in most healthcare policy documents and strategies in Wales today.

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<sup>6</sup> Putting Patients First (white paper); NHS Wales; 1998

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## Part 2 – Is language choice a myth?

This report sets out to ensure that the health sector and those responsible for providing primary care in particular, hear of the experiences of Welsh speakers. It aims to make sure that they are motivated to take action on several levels – building on the good practice that exists and tackling the serious shortcomings in services that have been identified:

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- on a personal level, asking ‘how can I personally contribute to improving the experience for Welsh speakers?’
- on an organizational level, asking ‘what needs to be implemented in the sector?’
- on the Welsh Government level, planning a health service which takes two languages into account from the outset.

There is scope to look at the **All Wales standards for communication and information for people with sensory loss** as an example of raising awareness of people’s needs and ensuring that patients are treated safely and with respect.

Action needs to be taken, over time, to increase the capacity to communicate verbally through the medium of Welsh.

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### Dignity and respect

#### The Welsh Language Commissioner's recommendations

**Recommendation 6:** I ask Welsh Ministers, professional bodies and representative organizations to provide a clear policy lead to primary care providers on the implications of failing to treat Welsh speakers with dignity and respect, and the effect of failing to recognise their identity and needs.

**Recommendation 7:** I ask Welsh Ministers to issue a policy directive specifying how, in practice, respect towards Welsh speaking patients who receive primary care should be demonstrated.

Research on patients' opinion regarding what is important to them as they receive health and care services has demonstrated that being treated with respect is the most important factor<sup>7</sup>. Ensuring patient dignity and respect is also very prominent in professional standards.

There is a correlation between the quality of the service and the quality of the dignity and respect afforded to the individual. From a Welsh speaking patient's perspective, professions need to be aware of the needs of Welsh speakers and acknowledge their identity.

The Welsh Government toolkit **Giving Voice to Older People, Dignity in Care** makes clear the link between identifying the linguistic needs of the patient and treating him/her with dignity and respect, by acknowledging their identity. It sets out how important language is in responding sensitively to a patient's identity and seeing things from the patient's perspective.<sup>8</sup>

The research conducted for the Inquiry drew attention to situations where lack of courtesy can be interpreted as discrimination. Professional bodies and regulators need to give practical guidance and highlight the link to their professional standards in order to protect patients from potential discrimination and to protect their members from any such claims.

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<sup>7</sup> ICM: Fear of Raising Concerns about Care, 2013

<sup>8</sup> Giving Voice to Older People, Dignity in Care, Welsh Language Toolkit; Roberts, Gwerfyl; Jones, Enid; Ap Rhisiart, Deian; Welsh Government; 2011

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## Part 2 – Is language choice a myth?

In their evidence to the Inquiry, a number of individuals expressed that not offering or attempting to arrange a Welsh language service for the patient shows lack of respect. Although they did not expect everyone to be able to speak Welsh, they identified the following as actions that sets out a basis for a good relationship with Welsh speaking patients:

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- a bilingual greeting;
- pronouncing names correctly;
- recognizing their identity as Welsh speakers;
- acknowledging language needs.

This section highlights the Commissioner's concern in receiving evidence that could be interpreted as discrimination on the basis of language. Characteristics such as a Welsh personal name should be respected in the same way as any other personal characteristic, under the European Convention on Human Rights.



### Quality

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#### The Welsh Language Commissioner's recommendations

**Recommendation 8:** As a policy matter I ask Welsh Ministers to ensure that language choice is understood as meaningful practice. Arising from this, Welsh Government should take steps, in co-operation with all primary care service providers, in order to publicise the services that members of the public might reasonably expect to receive in Welsh.

**Recommendation 9:** I ask Welsh Ministers to outline what steps they intend to take to define language choice, and increasingly, to publicise that choice.

An essential element of the Inquiry was to look at the quality of the patient's experience by inquiring about the relationship between quality of care and ability to use the Welsh language.

Effective communication is at the heart of primary care. Research has established a clear link between communication difficulties and a poorer quality of service.

There is a duty upon practitioners and the wider primary care team to have a good awareness of the linguistic needs of patients and to question whether a service through the medium of English is care of an adequate standard for Welsh speakers.

Language choice does not exist... (member of the public)

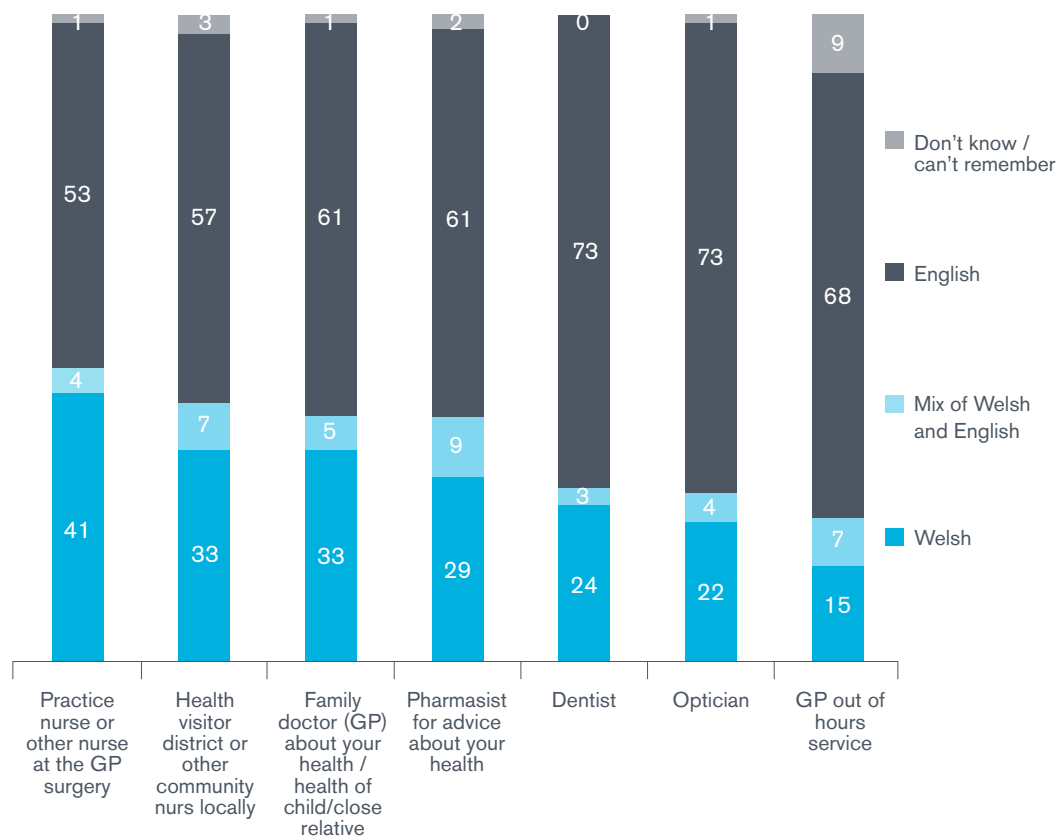
The quantitative results of the Inquiry survey indicate that there is a gap between people's desire for health services in Welsh and the reality of their experiences.

The results show that English is without doubt the main language of primary care services for the majority of Welsh speakers in Wales. According to the survey, on average, only 28% of Welsh speakers' previous experiences with primary care services were through the medium of Welsh.

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## Part 2 – Is language choice a myth?

**Figure 1: Language of primary care interactions**  
(language used for last conversation, % of users)



Base: fluent Welsh speaking users of each service in the last 12 months: Dentist (772), GP (750), Optician (531), Practice nurse (455), Pharmacist (270), Health visitor (149), GP out of hours service (147).

Note: the NHS Direct Wales telephone helpline is not included above because questions were worded differently to reflect the different structure of the service, so no direct comparison is possible.

It is with the practice nurse that Welsh speakers are most likely to experience a service in Welsh, according to the survey. The figures vary from service to service but across the whole of Wales, 41% of the contact with the practice nurse is through the medium of Welsh (based on the experience of Welsh speakers in the last 12 months). This falls to 15% of contact with the out of hours GP service.

Nevertheless, there are substantial differences that are dependent on geographical areas - 55% of the contact with a practice nurse was in Welsh in the Betsi Cadwaladr University Health Board area but in the south and mid-Wales health board areas, it falls to 6%.

The figures support the findings of respondents in general - no language choice exists in some places and it is available by chance in other places. The inevitable conclusion is that currently, services are being driven by the needs of providers and not the needs of patients.

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## Part 2 – Is language choice a myth?

Only a very small minority reported being offered a service in Welsh (between 3-6%)

Responses to the Inquiry revealed that a number of Welsh speakers make do with primary care services in English even though they would prefer to speak Welsh. Low expectation has been identified as a factor in previous research work undertaken into the experiences of Welsh speakers in terms of the health service's ability to consider their language needs and to treat them with respect. Several factors contribute to the patient's reluctance to ask for a Welsh language service including the perception that language choice doesn't exist in the majority of cases and where it is, is available by chance. The unequal relationship, in terms of power, between the service provider and the patient makes it very difficult for a patient to change the situation by inquiring about a Welsh service.

There is uncertainty and lack of clarity on more than one level in terms of patients' expectations of a Welsh language service. Language choice is a concept that requires a definition that everyone will understand - both service providers and Welsh language users - so that people have assurance of when they can use the Welsh language when using the service.

Clarity is required on which services can be expected through the medium of Welsh in primary care settings across Wales.

Only a small minority of those surveyed, of no more than 6%, were actively offered Welsh language services. When considered alongside the figure of 28% of Welsh language interactions, this suggests that there is capacity to increase the active offer of Welsh language services to patients, so that services are delivered more by design than by chance to patients.

### Language need

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#### The Welsh Language Commissioner's Recommendations

**Recommendation 10:** I ask Welsh Ministers, in partnership with those responsible for primary care in Wales, to provide informative guidance on the relationship between being able to use the Welsh language and the quality of care, and in relation to that, the individual's dignity.

**Recommendation 11:** I ask Welsh Ministers to outline what frameworks and duties already exist where there is a need for primary care service providers to plan Welsh language care services more proactively. Ministers should outline what further research, scoping work or legal considerations need to be taken into account in relation to existing language duties or those which are required.

**Recommendation 12:** The primary care sector should take action in accordance with current Welsh language duties and revisit its approach to Welsh language provision. I wish to see an action plan and timetable for change.

Evidence received by the Commissioner from stakeholders and the public emphasises the need for the primary care sector to recognise that a Welsh language service is a matter of need and not of choice for a number of patients. It is apparent that this acknowledgement needs to be both a practical one at a day to day level and at policy level, based on professional values.

Welsh language services are needed by some patients who would otherwise face a real risk to their safety and welfare.

International research and evidence from mental health service users in Wales emphasises the need to provide psychiatric and therapeutic services that are linguistically appropriate.

For many, using English to discuss their inner feelings and emotions is difficult as there isn't a connection between the English words and the experiences and emotions being discussed. Many have also referred to delays in getting a correct diagnosis and an appropriate care plan because of the lack of Welsh language services available.

Parents also contacted the Inquiry:

I have children aged 6 and 9 and they can't speak English which means that it is difficult for them to communicate with the doctors. It's awkward having to speak on behalf of the doctor. (member of the public, Hywel Dda Health Board area)

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## Part 2 – Is language choice a myth?

For many children of pre-school age, Welsh is their only language. They can only communicate in Welsh; it is the language of the household. Many parents contacted the Inquiry to raise concerns about the suitability of treatment and the validity of their children's assessments. Many felt the pressure of having to act as the translator for the child and the nurse, doctor, optician or dentist – questioning how this enabled a correct and effective diagnosis or assessment and also stating that it limited the ability of professionals to comfort and reassure a young child.

Older people tend to come into contact with primary care services more often than the rest of the population, often because of long-term illnesses, or problems of loneliness and depression. It is essential to recognise the language needs of older patients to ensure the most effective assessment and treatment which will, in turn, lead to fewer visits to those services in general.

According to many older Welsh speakers who have lived in Wales all their lives, mainly through the medium of Welsh, the fact that they're unable to discuss their health in Welsh can have a negative effect on them:

I'm in my late seventies and Welsh is my first language. I'm not very confident speaking English. Because of this, when I have to go to see the English doctor in the surgery, I feel that I'm speaking awkwardly with him or her, and it's incredibly difficult to describe how I'm feeling clearly. It's much easier to speak with a Welsh speaking doctor, and I feel a bond with the doctor that I don't necessarily feel with the other doctors. For Welsh speakers, the ability to use the Welsh language should be an essential part of a medical service, not an additional option and at random.  
(member of the public, Betsi Cadwaladr University Health Board area)

International research shows that many dementia and stroke sufferers lose their second language and revert to speaking their first language, many of these patients therefore may only be able to communicate with primary care providers in Welsh. In addition, tests or assessments can only be performed effectively through the medium of Welsh.

The Inquiry received evidence that emphasises the need for dementia and stroke sufferers to be treated through the medium of Welsh, and especially when conducting assessments.

Evidence presented to the Inquiry highlight that assessments aren't the only important factor; older people suffering from memory problems have to visit primary care service practitioners for other health reasons. Welsh language needs also need to be met in these settings.

People with learning difficulties are often vulnerable and respond better in familiar situations that make them feel at ease. Evidence was received that illustrated the negative effect a lack of Welsh language services can have on individuals.

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## Part 2 – Is language choice a myth?

Acknowledging the fact that around half a million people speak Welsh in Wales, it would be reasonable to expect that services are provided to Welsh speakers through the medium of Welsh in the same way that services are provided in English.

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Turning to the issue of rights, in comparison with other countries, the Patient Rights (Scotland) Act 2011 gives certain rights to patients in Scotland. The Act requires Scottish Ministers to publish a charter of rights for its patients, informing them of what they can expect from their health services.

In Wales, Welsh speaking patients are faced with ambiguity and uncertainty. It does not appear that the health service in Wales is clear on the extent of the provision that is available.

The 1,010 Welsh speakers who participated in the Inquiry's survey were asked to express their opinion on their rights to receive Welsh language or bilingual services:

**'Welsh-speakers should be offered a Welsh-language service as a matter of right.'**

82% agreed with this statement.

They were also asked:

**'Wherever they live in Wales Welsh-speakers should have the right to express themselves in Welsh when dealing with the health service.'**

90% agreed with this statement.

Despite the acknowledgement of the principle that patients have a right to receive services in Welsh, the survey shows that there is a gap between the aspirations of patients (and indeed some of the service providers who presented evidence) and the current reality of patients' experience of Welsh language services.

Assurance is needed in terms of policy and legislation; clarity on a professional level on behalf of primary care providers; clear and comprehensive data; an understanding of the most effective way of offering a service that is linguistically appropriate - all of this acting as a basis for patients to know with certainty what they can expect from a primary care service that's linguistically appropriate. Without this the rights of Welsh language users will not take root effectively.

It is the Commissioner's public duty to ask for primary care services to improve in terms of clarity and assurance for the language and to be an advocate, particularly on behalf of Welsh speakers who are too vulnerable or unable to seek care in their own language.

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### Active offer

#### The Welsh Language Commissioner's Recommendations

**Recommendation 13:** I ask Welsh Ministers to take a policy stance in favour of the 'active offer' model to enable it to be implemented systematically and effectively across primary care services, in order to ensure a quality experience and safe start to the patients care path.

**Recommendation 14:** I also ask for an annual assessment, by means of a patient survey, to measure the percentage of Welsh speakers who are offered primary care services in Welsh.

**Recommendation 15:** The sector should co-operate with users in order to learn about their experiences of Welsh language services and to identify the practical steps that could be taken to ensure continuous improvement.

The second main focus of the Inquiry was to look at the delivery of primary care services to Welsh speakers, by inquiring how adequate and effective are the steps being taken to ensure primary care services in Welsh. The Inquiry looked at evidence and actions to facilitate the patient experience - the way in which services are offered and the importance of an active offer and changing mindset; recording language needs and the process of planning services.

A more in-depth understanding and analysis of the behaviour of Welsh speakers as primary care service users needs to be adopted in order to support the work of planning services efficiently. It is apparent that there are factors that discourage Welsh service users and planning is needed to increase provision and take-up. Expecting service users to 'opt into' a Welsh service should not continue - especially in health and care where the service user is often in a vulnerable situation.

One of the elements of the Welsh Government's strategic framework, **More Than Just Words**, is ensuring that the patient shouldn't have to ask for a Welsh service. There should be a duty to provide an active offer that will, in time, lead to the establishment of rights.

Put simply, an active offer means that the public, from the outset, are informed that the service is available to them in both in Welsh and English. However, in essence, it means much more. Behind the active offer is an approach to planning and providing services in two languages. This approach reflects an understanding of linguistic differences and of language needs. It is an approach that recognises the link between providing Welsh language and bilingual services and professional standards and values.

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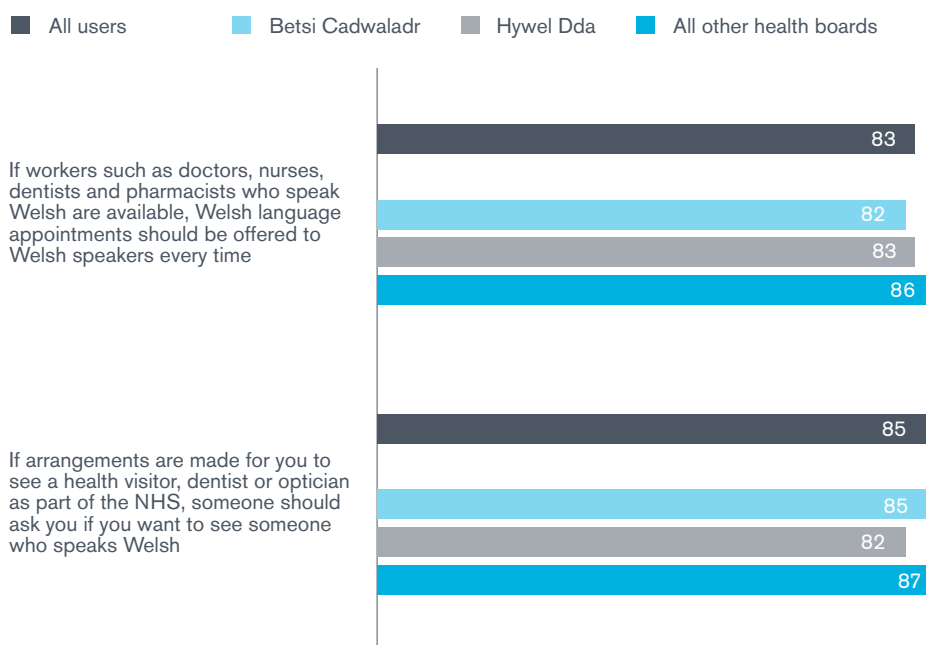
## Part 3 – More by chance than design?

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Despite 28% of Welsh speakers stating that their contact with primary care services is through the medium of Welsh, only 3-6% received an active offer of a service or an appointment in Welsh. These figures show that the current primary care provision has a significant potential to close this gap in experience - the provision available, could and should be offered to patients. Current Welsh language and bilingual provision should be identified and offered. This initial step doesn't involve more Welsh language provision than is already available. These steps should be common practice in terms of the patient's first contact with primary care in Wales.

### Figure 2: Opinion on the importance of an active offer of Welsh language service

(% agreeing with each statement)



Base: fluent Welsh speaking users of primary care services in the last 12 months: Betsi Cadwaladr University Health Board (331), Hywel Dda Health Board (335), all other health boards (344).

\* Abertawe Bro Morgannwg Health Board, Aneurin Bevan Health Board, Cardiff and Vale University Health Board, Cwm Taf Health Board and Powys Teaching Health Board.

Although a Welsh language service was only offered to a low percentage of users, the majority were of the opinion that such an offer should have been made – for example, 83% of service users agreed with the statement:

If workers such as doctors, nurses, dentists and pharmacists who speak Welsh are available, Welsh language appointments should be offered to Welsh speakers every time.

The active offer of services should become a core part of training using good practice models from Wales and beyond (Canada in particular). Use of resources that can provide a visual tool in this process (such as Working Welsh lanyards and badges) should be maximised.



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## Part 3 – More by chance than design?

42% of Welsh speakers stated that they wouldn't know how to find Welsh language provision (increasing to 66% in health board areas in South Wales and Mid Wales). This emphasises the importance of providing clear information to patients about Welsh language services, facilitating the choice available and supporting the use of these services.

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**'Unknown needs cannot be met; and provision cannot be made for the Welsh speaking patient who has not been identified as a Welsh speaker.'**<sup>9</sup>

One of the fundamental issues in terms of providing effective services to Welsh speakers is recording linguistic needs on patient records. It appears from the evidence of stakeholders that this issue is a barrier to organizing services effectively, whether in primary care provision or in referring patients on to hospitals.

The lack of a systematic approach by primary care services to ascertain and record the language preference of their patient is a barrier to effective provision. There is a need for the Welsh Government to provide clear guidance and to facilitate this process - recording language choice systematically should be a mandatory requirement in the process of registering patients and updating their records. This should be done when referring primary care patients for further treatment within the health service. Any developments in technology should facilitate the provision of bilingual primary care.

There is a clear link between the Welsh Government's mainstream primary care strategies and an active offer - with the move towards integrating the provision of primary and community care and the desire to see patients as partners in the planning of care. It is a crucial element in the move towards developing an ethos of co-production. There is increasing emphasis on accessibility of services and it should be borne in mind that access is more than something that involves reaching a location and convenience - it is also a linguistic and cultural matter.

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<sup>9</sup> Welsh in the Health Service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales; Misell, Andrew; Consumer Council Wales; 2000

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### Service planning

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#### The Welsh Language Commissioner's Recommendations

**Recommendation 16:** I ask Welsh Ministers to ensure, as they undertake primary care service planning arrangements, to steer a new direction in Wales consistent with the principles laid out in the Welsh Language (Wales) Measure 2011 and the official status given to the Welsh language in Wales. Ministers must move away from service experiences limited only to the English language.

**Recommendation 17:** I ask Welsh Ministers to form a view in relation to linguistic expectations within primary care and then to inform the sector of any new language requirements and reaffirm existing requirements: by way of an advisory note in relation to the Welsh language or other means.

**Recommendation 18:** Welsh Ministers should report how the Welsh Government's Health and Social Services Department, across the board, will consider service outcomes for Welsh speakers as future services are designed. The response should outline all opportunities available to strengthen and extend Welsh language primary care services.

The research identified that some of the most widely-used primary care services – dentists and opticians – are where Welsh speakers are least likely to be provided with a Welsh language service at the moment. The primary care services where Welsh language needs are most likely to be met (that is, where the gap between use of Welsh and preference for Welsh is lowest) are practice nurses at GP surgeries, district nurses, health visitors and other community based nurses, and family doctors, while Welsh language needs are least likely to be met (where the gap is greatest) with GP out-of-hours services, dentists and opticians.

This evidence suggests that primary care services are generally configured in a monolingual way at present.

The health service is addressing what is considered as traditional overdependence on hospitals and so primary care and community care services are being developed and planned through networks or clusters of surgeries working in partnership with other providers in the community such as pharmacies. Therefore there is increasing encouragement for services to work in partnership and across sectors. As primary care providers move increasingly towards collaborating as a team around the patient, opportunities will emerge to strengthen the Welsh and bilingual provision.

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## Part 3 – More by chance than design?

With an increasing emphasis on co-production in terms of individual health programmes and working in partnership with the patient, there is opportunity to be proactive and to plan appropriate linguistic services around the individual.

There is a need to personalise and tailor services so that they meet the language needs of the patient and this may mean structuring Welsh language services in a different way to English language services. The patient outcome is the important factor.

There is a need to identify indicators in order to drive improvements in the way that Welsh language services are planned in primary care.

Health boards and Public Health Wales should examine the current planning mechanisms to ensure that they provide for the most effective primary care services.

The report highlights the need to listen to the voice of the Welsh language user in planning services on a national level and on a local and personal level. There is a need to mainstream the Welsh language increasingly in patient questionnaires and surveys so that what is measured can drive changes.

### Legislation and policy

#### The Welsh Language Commissioner's Recommendations

**Recommendation 19:** I ask Welsh Ministers take specific steps to ensure that any forthcoming legislation and subordinate legislation reflects the need to promote the Welsh language within primary care services.

**Recommendation 20:** I ask Welsh Ministers to consider the need for further legislation or whether there are specific requirements in relation to language and care, and to report to me on the opportunities which exist to ensure that language duties in primary care are as explicit and as specific as possible. I ask Welsh Ministers to outline their findings and further intentions.

The Welsh Language (Wales) Measure 2011 has changed the legal framework for the Welsh language although it is too soon to judge whether the Welsh language standards can guide and influence every relevant area for Welsh speakers in primary care.

On a wider level to the standards themselves, the Welsh Language Measure gives official status to the Welsh language and establishes the principle that the Welsh language should not be treated less favourably than English. The survey findings show clearly the gap between these legislative requirements and implementing them on the ground and the absence of references to the Welsh language in some of the Welsh Government's measures and policies, which are inconsistent with legislative requirements in terms of the language. This in turn can lead to conflict in practice and confusion and uncertainty for Welsh language users.

According to the evidence presented, it appears that the lack of clarity referred to by stakeholders' is the weakness of national contracts setting out requirements for Welsh or bilingual primary care services and difficulties in recruiting Welsh speakers to some professions.

The Welsh Government's Language Scheme (2011-2016) notes:

*We will take advantage of every opportunity to ensure that new primary and secondary legislation will support the use of Welsh.*

Legislating for the growth of the Welsh language is a specific area under the Government's powers in the provisions of the Government of Wales Act 2006. Legislative provision in relation to the Welsh language under other Welsh Government policy areas is starting to become established.

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## Part 3 – More by chance than design?

Addressing the Welsh language as a specific matter across the health portfolio and beyond gives assurance to Welsh speakers that their needs are central to the service offered. It also gives certainty to the health sector of what is expected. It is important that the Welsh Government Health and Social Services department are clear on the outcomes that need to be achieved either through legislation or policy.

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In considering the Welsh language in primary care and health strategies and policies, there are some notable examples where the opportunity was taken to ensure that they were consistent with the legislative requirements and the strategic framework **More Than Just Words**. Good examples need to become common practice.

A number of the stakeholders who submitted evidence referred to **More Than Just Words** as a very significant strategic framework for the future of health services. A number of respondents also refer to the need for adequate guidance and resources to realise the statutory and strategic requirements.

There is scope to amend guidelines and frameworks relevant to primary care services in Wales so that the Welsh language is given a central role reflecting the official status of the Welsh language in Wales. This, in turn will support those responsible for providing primary care services to gain a full understanding of the requirements and expectations placed on them and to understand how to go about meeting those requirements in practice.

The legislation of Wales and the UK does not prevent bilingual provision so professional bodies and their members must also take responsibility for providing safe quality services, once again, providing guidance on what quality primary care services mean in Wales.

Regulation and inspection should address how appropriate and adequate primary care services are from the point of view of Welsh speaking patients and their health outcomes.

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### Leadership and accountability

#### The Welsh Language Commissioner's Recommendations

**Recommendation 21:** I ask Welsh Ministers to clearly convey what language duties the primary care sector is expected to meet at present in order to provide clarity for both patients and service alike.

**Recommendation 22:** I ask Welsh Ministers to require an assurance report from those responsible for primary care service provision. The report should relate to the practical arrangements currently in operation to ensure a Welsh language service experience.

**Recommendation 23:** Alongside this, I ask Welsh Ministers to co-ordinate a programme for change in conjunction with primary care sector leaders.

Good practice is highlighted by evidence but this good practice is not embedded throughout Wales. Purposeful guidance is required in order to drive improvements systematically.

The influence of leaders, whether from the Welsh Government, professional organizations, regulators or the professions' leaders locally is key to supporting changes. A mindset of improving primary care services for Welsh speakers must work down and across through strong messages and practical actions.

It must be ensured that the Welsh language is considered and embedded into everyday mindsets and professional practices and that this is supported.

Clear and practical connections must be made between professional principles and the need to improve the quality of the experience for Welsh speaking patients and their health outcomes, giving consideration to practical support and training such as language awareness, active offer and developing language skills to support this.

The Report by the Williams Commission on Public Service Governance and Delivery (January 2014) refers to transparency and accountability of health boards in terms of gathering relevant information so that those responsible for quality can identify problems related to quality of services or meeting the needs of the population. Welsh language users need to know exactly what they can expect and who is responsible and accountable for any failings. At present, there is lack of clarity in respect of primary care services.

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## Part 3 – More by chance than design?

It appears to the Commissioner that there is scope for Welsh Ministers and health boards to provide clear guidance to primary care providers on the statutory and ethical requirements to meet the needs of Welsh speakers. This should be done in discussion with professional bodies on which guidelines, guidance and resources should be developed correspondingly.

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There is a need for clear and comprehensive guidance on providing Welsh language and bilingual services in the guidelines provided on meeting new requirements related to the Quality and Outcomes Framework. At the same time, health boards need to provide support and advice to surgeries on the practical steps needed. There is scope for Welsh Ministers to look further at how to gain clarity regarding the status of the Welsh language and the needs of patients in Wales within this framework. Once again, discussions on the requirements of monitoring performance with the professional bodies and the regulatory bodies would need to be held.

The Commissioner believes that there is scope for Welsh Ministers to look further at amending the Regulations so that there is no ambiguity with regard to the status of the Welsh language in primary care services.

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### Workforce planning

#### The Welsh Language Commissioner's Recommendations

**Recommendation 24:** I ask Welsh Ministers to provide a national strategic lead in order to address the requirements for bilingual workforce planning, by way of a response to the present deficit in key information. Planning should be done in conjunction with Welsh health bodies and education providers. In so doing the health sector in Wales will be better placed to meet the linguistic needs patients.

**Recommendation 25:** I ask Welsh Ministers to provide me with a detailed analysis of the essential steps needed to manage information about the sector's language skills along with a timetable for completion of this work. When undertaking the work, regard should be given to the conclusions of my Inquiry in relation to workforce planning.

According to the Government, around 80% of the health service workforce in 10 years' time is currently working in the health service.

The Commissioner is of the opinion that this highlights how important it is to identify and develop the Welsh language skills of the existing workforce and how important it is to recognize the Welsh language as a skill in the first instance. Otherwise, those members of staff who could help primary care providers to meet the needs of patients effectively will remain invisible.

It is reasonable to expect that the health service makes the most of the resources available and this includes Welsh language skills.

Lack of information is the main barrier in terms of Welsh language skills in workforce planning and meeting patients' needs effectively. The extent of language skills base is not known, for example:

- The numbers of bilingual staff in the current workforce and the projections for the future
- The language attainment and proficiency of the workforce
- No common method for collecting information about such skills
- No information about those posts where there are difficulties in terms of recruitment and language as a relevant factor

The main outcome of this is that there is no way of planning around the patient's needs effectively.

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## Part 3 – More by chance than design?

There is no systematic arrangement for supporting these skills in the workplace nor is there a recognition of the skills; these skills aren't organised effectively to improve the quality of the patient's experience. The fact that Welsh is an essential skill in primary care is not recognised either.

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Vital to the success of any process to identify and organize the Welsh language skills of the workforce effectively is to acknowledge that the Welsh language is a key skill for primary care.

Looking at the evidence, the Panel noted that it was also a process that was more than just identifying Welsh speakers in the workforce, it was also important to give them confidence to speak Welsh at work - something that needs to be prioritized in the Panel's opinion, as it is vital to improving the quality of the patients' experience.

As well as calling for facilitating training for primary care staff to learn Welsh free of charge and emphasizing the importance of training specifically tailored to the profession, stakeholders also noted the need to provide opportunities and support for Welsh speaking doctors to develop their Welsh language skills in practice.

The Commissioner believes that this requires discussion across the sectors from representative bodies to careers and education organisations with central strategic guidance to drive this work forwards.

The Commissioner believes that more systematic actions are needed to ensure that primary care services make full use of the skills they already have and start to close the gap between the need for Welsh language and bilingual services and the present provision reflected in the Inquiry survey.

There is an absence of policy on recruitment that includes national and local linguistic considerations. Where there are language schemes, it is likely that there is a policy in place but in primary care and community settings it is unlikely that language capacity is a systematic consideration.

Similarly, there needs to be a more in-depth consideration and discussion on the way forward towards ensuring that the Welsh language is an essential requirement in jobs where there are obvious gaps and a risk to the quality of the service.

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## Part 3 – More by chance than design?

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The Commissioner believes that there is a need to think beyond annual workforce plans of the NHS health bodies to ensure that the primary care workforce is planned to meet the requirements of the local population. Consideration must be given to planning how work is organised and shared between teams of people to provide flexible services that respond to the population's needs and the way in which creativity can facilitate language care suitable for the patient and in a cost-effective way.

It is impossible to plan primary care services based on anecdotal information, there is a need to identify the skill gaps and plan accordingly. Without identifying the hidden skills of the present workforce there is no robust foundation for planning the workforce for the future.

Local primary care plans offer new opportunities as health needs are met by a wider team of people.

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### Education and training

#### The Welsh Language Commissioner's Recommendations

**Recommendation 26:** In order to ensure awareness and competence relating to the Welsh language and to develop the sector's future Welsh language capacity, I ask Welsh Ministers – in conjunction with Welsh NHS employers and further and higher education providers – to design training programmes in order to meet existing and future Welsh language provision requirements in the primary care sector.

**Recommendation 27:** I ask Welsh Ministers to outline their intentions in relation to bilingual workforce planning by reporting how and when a training programme to meet the needs of future Welsh language provision within primary care may be delivered.

Looking at the educational provision which prepares the workforce of the future, any training courses available in Welsh or bilingually in order to prepare the primary care workforce of the future are few and far between.

Some elements of infrastructure are already in place to facilitate progress. The most obvious element perhaps being the provision developed since the establishment of y Coleg Cymraeg Cenedlaethol.

The Panel noted that evidence suggested more clarity is needed in terms of commissioning healthcare training and the need to respond to gaps in the present provision in terms of bilingual services, by increasing the number of training places commissioned.

Alongside the needs of the health service in the process of commissioning training, was the role of the regulatory bodies, which determine standards and curriculum requirements at UK level. Despite undertaking commitments with regards to Welsh language speakers as part of their Welsh language schemes, there is no evidence that regulatory bodies such as the General Medical Council (GMC) have explicitly incorporated considerations of the needs of Wales as a bilingual country and to reflect the official status of the Welsh language in Wales into their regulatory requirements thus far.

What is lacking is the fact that the needs of the patient in Wales do not drive the training agenda for the primary care sector and there is no progression in the continuity of appropriate workforce planning and providing the education and training to prepare the workforce.

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## Part 3 – More by chance than design?

Education providers have an important influence on the primary care workforce of the future in Wales and they need to have a central role in local and national workforce plans as they have the knowledge and expertise to help plan and build a bilingual workforce for the future.

Several contributors of evidence to the Panel referred to Professor David Greenaway's report **The Shape of Training** (2013), an independent review of the future of healthcare training in the UK which highlights the need to rethink training in general with an emphasis on a workforce that is more flexible and responsive to the health needs of the local population. This predicts the need for more working and training in the community and more general practice. Reference is also made to closer link between needs and the creation of stronger partnerships:

Local workforce and patient needs should drive opportunities to train.<sup>10</sup>

The pattern of training predicted in the Greenaway report highlights further opportunities to mainstream the Welsh language in terms of training that is responsive to the needs of local patients. The increasing opportunities for training placements in communities also highlights the importance of securing bilingual experiences for everyone who is training, in order to increase awareness of the need to be sensitive to language needs.

More clarity is needed in terms of how current workforce information can lead to more effective and appropriate commissioning processes with the aim of increasing the capacity of the bilingual workforce in the future.

There are further opportunities to mainstream the Welsh language as training moves towards more experience in the community and it is noted that there is a need to strengthen the value of the Welsh language skills of the current workforce giving them practical support to practice bilingually. This is important in order to create bilingual settings so that the prospective workforce can gain confidence to work bilingually.

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<sup>10</sup> The Shape of Training; Securing the future of excellent patient care: Final Report of the independent Shape of Training review led by Professor David Greenaway; 2013

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## Part 3 – More by chance than design?

In planning future education and training, there are three elements that must be considered as a foundation for an effective bilingual provision:

- ensuring Welsh language awareness across the provision in general
- giving individuals the confidence to work through the medium of Welsh with resources, support and empowerment
- increasing the Welsh medium and bilingual provision within education and training to increase the bilingual workforce, ensuring that they have the confidence and skills to provide the most effective bilingual services.

The Commissioner is of the opinion that higher education needs to ensure continued year on year progression and ensure an increase in the number of Welsh speaking students who take up Welsh or bilingual courses and modules. From the evidence, it did not appear that there is consistency across universities and colleges or departments within universities and colleges regarding collection and analysis of data on Welsh students making it impossible to plan systematically to create momentum for the Welsh language provision.

### Technology

#### The Welsh Language Commissioner's Recommendations

**Recommendation 28.** I ask Welsh Ministers and Welsh health bodies to ensure future Information Technology developments meet the needs of Welsh speakers and facilitate bilingual primary care service provision.

**Recommendation 29.** I ask Welsh Ministers to identify and outline the necessary steps in order to ensure IT provision is fully operational for the purposes of both Welsh and English.

It became apparent, following evidence from the public and stakeholders, that there was a lack of consistency in terms of any information regarding primary care providers able to offer a Welsh medium service. Individual providers' websites and the health service's websites are potential platforms for providing this type of information. Many referred to the fact that one convenient portal was required to provide information regarding primary care provision able to offer Welsh medium services.

There is inconsistency and lack of clarity in terms of information for patients about the primary care services available to them in Welsh. There is inconsistency and uncertainty in terms of the way technology can be used to facilitate the patient's experience and to organise suitable services based on their experience.

There is no consistency across Wales in terms of the methods of dealing with the flow of patient information with surgeries and health boards using a variety of IT systems. Very often, lack of consistency in IT systems means that secondary care providers don't receive notification regarding the patient's language choice.

It is essential that any information technology systems enable a suitable language provision for Welsh patients. Noting the patients' language on IT systems would mean that this information could be shared with other settings such as hospitals, where it would be possible to arrange suitable care, ensuring a smoother journey through the health service for the patient.

No effective progress can be made in planning comprehensive bilingual services if Welsh language needs or skills are not recorded consistently and fully across Wales.

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### Research and data

#### The Welsh Language Commissioner's Recommendations

**Recommendation 30:** I ask Welsh Ministers to ensure that a baseline of information is available in order to inform a programme for improvement in primary care which will lead to better outcomes for Welsh language users.

**Recommendation 31:** Key performance indicators must be identified and core issues specified when enquiring about Welsh speakers' service experiences. Within a regular evaluation cycle there is a need to identify information gaps in the knowledge base, for example:

- Identifying the language needs of the bilingual population
- The extent of the provision available
- Active Offer

**Recommendation 32:** Research information must be widely available and should be analysed and used in a meaningful way to assist service planners, the existing workforce and future workforce to meet the needs of Welsh language patients in an effective and efficient way.

**Recommendation 33:** I ask Welsh Ministers to outline the necessary steps in order to realize a foundation of research for first rate bilingual primary care services and to specify responsibility for that across the Health Department and Social Services within Welsh Government as appropriate.

There is a need to identify research requirements for future primary care services in Wales. A number of the bodies that presented evidence to the Inquiry strongly believed that more data and research was needed - quantitative and clinical - to accompany patient stories. The reasons given as barriers include lack of funding sources to finance specific research as well as a lack of research capacity.

There is a need to underpin professional knowledge about the needs of Welsh speaking patients and the effect of the language on health outcomes.

The need to plan and coordinate research relevant to health care provisions for Welsh speakers across a number of agencies was stated starting with an agreement on the evidence and data gaps in order to build an evidence base that will, essentially, stand alongside international research in bilingualism and minority languages.

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## Part 3 – More by chance than design?

The importance must be stated of ensuring that any research accurately reflects the nature of the bilingual population, by ensuring the validity of research in a bilingual context, and that any findings inform appropriate bilingual provision and policy.

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There is an increasing research base that offers information to the health service in Wales and it was noted that this should be shared widely. At present it is unclear to what extent this body of research is used to drive improvements.

There are many types of general evidence gathering undertaken but once again, it is unclear whether the right questions are asked and whether the collating and analysis of answers leads to a programme of systematic improvements.

The significance of the context of this data should be borne in mind. There is a need for other types of information to ascertain reasons for patterns of use of the Welsh language by patients, their expectations and particular their needs and to plan an effective relationship between the patient and the practitioner. There is a need for balance in considering quantitative research and data in terms of health.

The need to mainstream the Welsh language in quantitative and qualitative questionnaires and surveys in health was identified, together with reviewing, increasing or adapting the process of data collection to provide a solid basis for ensuring improvements to Welsh or bilingual services. It was found that there was further room for the Welsh Government/National Institute for Social Care and Research (NISCHR) and education institutions to consider the data and research necessary for appropriate bilingual provision and to plan and allocate sufficient resources to carry out that research.

It was noted that there were opportunities for the Public Health Wales Observatory to review and extend its remit and scope of its research to include data about the Welsh language and examine the research and data requirements of health services that serve a bilingual population.

There is a clear need for outcomes research which could be linked to the work conducted with NHS Wales 1,000 Lives. Particular attention should be given to the experience of the patient considering that one of the findings of the Francis Review was 'statistics and reports were preferred to patient experience data, with a focus on systems not outcomes'.

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## The Welsh Language Commissioner's recommendations

1. I ask Welsh Ministers to provide me with a report within 6 months of the publication of this inquiry in response to my conclusions and recommendations.
2. I ask Welsh Ministers to designate a Chief Officer to be responsible for leading the work on improving Welsh language provision in primary care in Wales.
3. I ask Welsh Ministers and those responsible for primary care in Wales to assess the sector's Welsh language capacity and to increase, as necessary, the sector's ability to meet the communication needs of Welsh speakers in a way which is clinically safe.
4. I ask Welsh Ministers to undertake a Welsh language skills audit across primary care services. They should outline how the audit could be conducted and a timetable for its completion. In addition, Ministers should explain how the recorded information would be kept up to date.
5. I also ask Ministers to explain how skills information, once collected, could be used to enable the sector to expand the use of the Welsh language, particularly within the context of the clinical relationship.
6. I ask Welsh Ministers, professional bodies and representative bodies to provide a clear policy lead to primary care providers on the implications of failing to treat Welsh speakers with dignity and respect, and the effect of failing to recognise their identity and needs.
7. I ask Welsh Ministers to issue a policy directive specifying how, in practice, respect towards Welsh speaking patients who receive primary care should be demonstrated.
8. As a policy matter I ask Welsh Ministers to ensure that language choice is understood as meaningful practice. Arising from this, Welsh Government should take steps, in co-operation with all primary care service providers, in order to publicise the services that members of the public might reasonably expect to receive in Welsh.
9. I ask Welsh Ministers to outline what steps they intend to take to define language choice, and increasingly, to publicise that choice.
10. I ask Welsh Ministers, in partnership with those responsible for primary care in Wales, to provide informative guidance on the relationship between being able to use the Welsh language and the quality of care, and in relation to that, the individual's dignity.

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## The Welsh Language Commissioner's recommendations

11. I ask Welsh Ministers to outline what frameworks and duties already exist where there is a need for primary care service providers to plan Welsh language care services more proactively. Ministers should outline what further research, scoping work or legal considerations need to be taken into account in relation to existing language duties or those which are required.
  12. The primary care sector should take action in accordance with current Welsh language duties and revisit its approach to Welsh language provision. I wish to see an action plan and timetable for change.
  13. I ask Welsh Ministers to take a policy stance in favour of the 'active offer' model to enable it to be implemented systematically and effectively across primary care services, in order to ensure a quality experience and safe start to the patients care path.
  14. I also ask for an annual assessment, by means of a patient survey, to measure the percentage of Welsh speakers who are offered primary care services in Welsh.
  15. The sector should co-operate with users in order to learn about their experiences of Welsh language services and to identify the practical steps that could be taken to ensure continuous improvement.
  16. I ask Welsh Ministers to ensure, as they undertake primary care service planning arrangements, to steer a new direction in Wales consistent with the principles laid out in the Welsh Language (Wales) Measure 2011 and the official status given to the Welsh language in Wales. Ministers must move away from service experiences limited only to the English language.
  17. I ask Welsh Ministers to form a view in relation to linguistic expectations within primary care and then to inform the sector of any new language requirements and reaffirm existing requirements: by way of an advisory note in relation to the Welsh language or other means.
  18. Welsh Ministers should report how the Welsh Government's Health and Social Services Department, across the board, will consider service outcomes for Welsh speakers as future services are designed. The response should outline all opportunities available to strengthen and extend Welsh language primary care services.
  19. I ask Welsh Ministers take specific steps to ensure that any forthcoming legislation and subordinate legislation reflects the need to promote the Welsh language within primary care services.
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20. I ask Welsh Ministers to consider the need for further legislation or whether there are specific requirements in relation to language and care, and to report to me on the opportunities which exist to ensure that language duties in primary care are as explicit and as specific as possible. I ask Welsh Ministers to outline their findings and further intentions.
  21. I ask Welsh Ministers to clearly convey what language duties the primary care sector is expected to meet at present in order to provide clarity for both patients and service alike.
  22. I ask Welsh Ministers to require an assurance report from those responsible for primary care service provision. The report should relate to the practical arrangements currently in operation to ensure a Welsh language service experience.
  23. Alongside this, I ask Welsh Ministers to co-ordinate a programme for change in conjunction with primary care sector leaders.
  24. I ask Welsh Ministers to provide a national strategic lead in order to address the requirements for bilingual workforce planning, by way of a response to the present deficit in key information. Planning should be done in conjunction with Welsh health bodies and education providers. In so doing the health sector in Wales will be better placed to meet the linguistic needs patients.
  25. I ask Welsh Ministers to provide me with a detailed analysis of the essential steps needed to manage information about the sector's language skills along with a timetable for completion of this work. When undertaking the work, regard should be given to the conclusions of my Inquiry in relation to workforce planning.
  26. In order to ensure awareness and competence relating to the Welsh language and to develop the sector's future Welsh language capacity, I ask Welsh Ministers – in conjunction with Welsh NHS employers and further and higher education providers – to design training programmes in order to meet existing and future Welsh language provision requirements in the primary care sector.
  27. I ask Welsh Ministers to outline their intentions in relation to bilingual workforce planning by reporting how and when a training programme to meet the needs of future Welsh language provision within primary care may be delivered.
  28. I ask Welsh Ministers and Welsh health bodies to ensure current and future Information Technology developments meet the needs of Welsh speakers and facilitate bilingual primary care service provision.
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- 29.** I ask Welsh Ministers to identify and outline the necessary steps in order to ensure IT provision is fully operational for the purposes of both Welsh and English.
  - 30.** I ask Welsh Ministers to ensure that a baseline of information is available in order to inform a programme for improvement in primary care which will lead to better outcomes for Welsh language users.
  - 31.** Key performance indicators must be identified and core issues specified when enquiring about Welsh speakers' service experiences. Within a regular evaluation cycle there is a need to identify information gaps in the knowledge base, for example:

    - Identifying the language needs of the bilingual population
    - The extent of the provision available
    - Active Offer
  - 32.** Research information must be widely available and should be analysed and used in a meaningful way to assist service planners, the existing workforce and future workforce to meet the needs of Welsh language patients in an effective and efficient way.
  - 33.** I ask Welsh Ministers to outline the necessary steps in order to realize a foundation of research for first rate bilingual primary care services and to specify responsibility for that across the Health and Social Services Department within Welsh Government as appropriate.
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Comisiynydd y  
Gymraeg  
Welsh Language  
Commissioner