

My Language, My Health: The Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care



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Foreword by the Welsh Language Commissioner

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 the 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 1000 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 a 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.

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.

Foreword by the Welsh Language Commissioner

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



Foreword by the Chair of the Inquiry Panel

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.

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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.

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.

Foreword by the Chair of the Inquiry Panel

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.

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Dr Peter Higson



Part 1 – Background to the Inquiry

This report is in three parts. Its main focus is the patient experience and the elements that are fundamental to that in terms of quality of care.

The patient experience guides the structure of the report and therefore, as the issues raised are relevant to all those involved in providing primary care services in Wales, the report does not focus on each profession individually.

Part 1 provides the general context of the Inquiry.

Part 2 focuses on the emerging themes from the perspective of patients' experience of primary care services in Wales and the integral link between being able to use the Welsh language and the quality of that experience.

Part 3 examines the factors that are fundamental to current provision; it looks at existing strengths and weaknesses and identifies opportunities for the future highlighted by the evidence.

Welsh Language Commissioner's Inquiry

As part of the functions outlined in the Welsh Language Measure (Wales) 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

What is an Inquiry?

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

Although section 7(3)² of the Measure notes some limitations on the nature of an inquiry that the Commissioner may conduct, it allows substantial discretion in terms of the subject and nature of an inquiry.

¹ Section 7(1) Welsh Language (Wales) Measure 2011

² Section 7(3) Welsh Language (Wales) Measure 2011

Part 1 – Background to the Inquiry

One of the Welsh Language Commissioner's strategic priorities is to scrutinize policy and bring the Welsh language closer to the heart of policy in Wales. The Commissioner's strategic plan for 2013-2015 notes: 'policy decisions and policy developments should make provision for the Welsh language. Unless this happens, the policy developments themselves may damage the viability of the Welsh language rather than strengthen it'.³

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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 Welsh Language Measure states that, terms of reference must be determined for every inquiry.⁴

Terms of reference of the Inquiry into the Welsh language in primary care

According to the Measure⁵, an inquiry can involve a specific person or category of person or otherwise. This means that the scope of an inquiry may be restricted to one person (a service provider, for example) or be more general (a number of sectors or providers). If a specific person is named, they must be consulted regarding the terms of reference and given an opportunity to make representations before the terms of reference are settled.

The draft terms of reference did not name a specific person and as such there was no statutory obligation to conduct a formal consultation process, however, relevant comments were invited from stakeholders. There was no requirement either to consult with the public at this stage. However, the draft terms of reference, a response form and a specific e-mail address were placed on the Commissioner's website on 19 February 2013 and responses were invited until 8 March 2013.

Responses received expressed general satisfaction with the Inquiry's focus with some comments on the specific wording of the terms of reference, requesting more clarity. Other comments related to the patient's journey from primary care onwards, quality and good practice, regulatory issues and issues regarding identifying patients' needs.

³Welsh Language Commissioner's Strategic Plan; 2013-2015

⁴Welsh Language Measure (Wales) 2011

⁵Welsh Language Measure (Wales) 2011

Part 1 – Background to the Inquiry

After settling the terms of reference the Measure requires that all relevant persons (if necessary) and Welsh Ministers be informed of those terms of reference. Then they must be published for the attention of those the Inquiry concerns and those who may have an interest in the Inquiry.

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.

Primary Care through the Medium of Welsh in Wales - Terms of Reference of the Welsh Language Commissioner's Inquiry

These terms of reference are in regard to an inquiry under Section 7(1) Welsh Language (Wales) Measure 2011 and come under paragraph 4, Schedule 2 of the Measure.

For the purposes of this Inquiry, primary care refers to first point of contact and those services provided in the community by GP practices (this can include practice nurses and health visitors, for example), dental practices, community and high street optometrists and pharmacies, multi-disciplinary teams within the community and NHS Direct Wales.

Terms of Reference

1. To inquire into the experience of Welsh speakers of receiving or failing to receive services in Welsh from primary care providers in Wales.
2. To inquire into how adequate and effective are the steps being taken to ensure primary care services in Welsh.
3. To inquire about the adequacy and implementation of relevant legislation, policies, standards and codes of practice in the context of the Welsh language and primary care services.
4. To inquire into factors that are central to the provision of primary care services in Welsh, for example configuration of services; the workforce; education and training; commissioning; regulation; research; technology; leadership; patient safety; dignity and respect.
5. To inquire into the relationship between quality of care and use of the Welsh language.
6. To make recommendations regarding any proposed changes in the provision or commissioning of primary care services through the medium of Welsh in Wales.

The inquiry's work will be carried out in private and the Commissioner will decide on the process in which the inquiry will be held. Further details regarding the process will be issued before each respective phase. The findings of the inquiry will be published in a report during the summer of 2014.

Part 1 – Background to the Inquiry

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.

The Panel was established, based on experience that offered diversity and balance in terms of medical experience, service configuration, strategic planning, research, patient voice, safety and quality of care. The Panel's remit resulted directly from the Inquiry's terms of reference. The Panel received and scrutinized evidence (written and verbal, together with the results of a users' survey) 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. (See Appendix 1)

Representations to the Inquiry

The Measure requires the Commissioner to make arrangements for persons specified in the terms of reference of an inquiry and Welsh Ministers to be given the opportunity to make representations in respect of that inquiry, the Commissioner must then consider representations made.

The Commissioner was of the opinion that comments should be invited by as many stakeholders as possible - the public and stakeholders from all sectors associated with primary care - so that the Inquiry would be relevant and meaningful. It would also provide a strong basis for the Commissioner to exercise powers under part 2 of the Measure when reporting on the Inquiry and providing comments, advice or recommendations to Welsh Ministers or other persons.

The Commissioner announced a call for evidence between May and October 2013 giving the public and stakeholders an opportunity to make representations (see Appendix 2)

The scope of the call for evidence can be summarized as follows:

- 23 public events; 8 stakeholder events to share information and seek opinions; various meetings between the Commissioner and her officers and the officers of relevant organizations.
- Press coverage (local and national) and in the media (television and radio) and on social media.

⁶Welsh Language Measure (Wales) 2011

⁷The Commissioner may decide not to consider representations from any other person if it is not appropriate in the Commissioner's view. But if the Commissioner refuses to consider representations made, written notice must be given of the decision to refuse to consider the representations and the reasons for that decision to the person who made the representations.

Part 1 – Background to the Inquiry

- Over 170 pieces of evidence were received from members of the public who contacted the Commissioner (verbally, by e-mail, online, by letter and through representatives e.g. Merched y Wawr).
- 26 stakeholder organizations provided formal written evidence (see Appendix 3).
- 16 stakeholders gave evidence in person to the Inquiry Panel.

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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 1000 fluent Welsh speakers about their experiences of receiving or failing to receive primary care services through the medium of Welsh.

Inquiry Report

As stated in the Measure⁸, the Commissioner must prepare a report on the findings of any inquiry and send a draft to Welsh Ministers and any relevant person (if the terms of reference indicate a specific person or category of persons).

Welsh Ministers and any other person to whom the draft report is sent must be given an opportunity to make representations on the draft and any representations made must be considered.

After settling the report the Commissioner must publish it.

Why primary care?

Primary care services refers to health care at the first point of contact patients have with the health service, ie. 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 helpline⁹. Health is a subject that affects everyone in Wales, either directly as patients or indirectly as family, friends or carers. The Commissioner therefore decided that the first inquiry should look at the experiences of patients, gathering evidence and information in order to ascertain the reality of Welsh speaking patients and users' experience of health and care services in Wales today.

⁸Welsh Language Measure (Wales) 2011

⁹For 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.

Part 1 – Background to the Inquiry

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 practitioner¹⁰. According to the Welsh Health Survey¹¹ (2011 - figures that were current when the Inquiry was announced) the population's contact with health services was as follows, the majority involving contact with primary care services:

- 17% of adults stated that they had consulted a general practitioner about their own health during the previous fortnight;
- 70% of adults stated that they had used a dentist during the previous twelve months, 69% had used a pharmacist and 49% had used an optician;
- In contrast, 32% of adults stated that they had attended a hospital outpatients' department during the previous twelve months, 9% stated that they had stayed in hospital as an inpatient (one night or more).

A patient's journey through the health service can cross a number of sectors, starting with primary care before moving on to further care (e.g. being referred to hospital). It must therefore be borne in mind that there is no definite boundary for the patient. The start of the patient's journey is the main focus of this 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.'¹²

To date, studies of Welsh language primary care provision are few and far between. An example of the evidence considered during this Inquiry is the research conducted in 2008 by the Welsh School of Pharmacy, Cardiff University into the role of the Welsh language in community pharmacies. The study looks at attitudes, the number of Welsh speakers in pharmacies and the Welsh language provision across Wales. It was found that customers did not have an option to speak Welsh with a member of staff in 60% of all pharmacies in Wales.¹³

¹⁰ According to registered population figures, not the ONS

¹¹ Welsh Health Survey 2011

¹² 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

¹³ The Role of the Welsh Language in Community Pharmacy Service Provision in Wales; Hughes, Mary Louise, John, David Neale, Jones, Arwyn Tomos; Wales School of Pharmacy; 2008

Part 1 – Background to the Inquiry

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 Overview Report of the Annual Monitoring Reports of NHS Health Boards and Trusts 2010/11, the Welsh Language Board noted:

'There is a risk to the planning and delivery of Welsh language services in the area of primary care ... It is reported that primary care is a problematic area for the Health Boards. They focus on raising awareness, promoting and encouraging good practice and experience varying degrees of success.'¹⁴

Progress has been slow, and it was necessary to note in the Commissioner's Overview Report of Annual Monitoring Reports of NHS Health Boards and Trusts 2012-2013:

'..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'¹⁵

The Commissioner has received complaints regarding the provision of primary care. The themes generally involve services in surgeries, English-only forms and failure to include Welsh as a requirement in adverts for front line posts (complaints from the Gwynedd and Ceredigion areas).

The Government published a report on the experiences of patients and their families as part of its process of collecting evidence to inform its More than just Words Strategic Framework for the Welsh language in Health and Social Care (which includes some actions towards strengthening Welsh language primary care provision)¹⁶. A number of experiences raised concerns regarding primary care provision specifically.

At the time this Inquiry was announced coverage was given in the press and online to negative perceptions by members of the public and practitioners, regarding the Welsh language in the health service. Some were unfounded concerns that practitioners would be forced to learn Welsh or that there would be a risk to jobs. This indicated a need for discussion and for people to be given the opportunity to voice opinions and concerns in order to identify the steps needed to raise awareness and share information.

¹⁴ The Welsh Language Board's Overview of the Annual Monitoring Reports of NHS Health Boards and Trusts 2010-11

¹⁵ The Welsh Language Commissioner's Overview of the Annual Monitoring Reports of NHS Health Boards and Trusts 2012-2013

¹⁶ Welsh Speakers' Experiences of Health and Social Care Services; Care Council for Wales and Welsh Government; 2012

Part 1 – Background to the Inquiry

The Welsh Language Measure (Wales) 2011¹⁷ provides for new statutory requirements on public bodies in Wales and in due course there will be standards relevant to the health sector in Wales, including primary care providers.

Aim of the Inquiry into primary care

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The Commissioner decided that the aim of this Inquiry would be 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 would also make 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 of interest 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 help relevant individuals to make and implement decisions which will promote and facilitate the use of the Welsh language and ensure that it is not treated less favourably than the English language.

¹⁷ Welsh Language Measure (Wales) 2011

Part 1 – Background to the Inquiry

In this section a statistical overview of the situation of the Welsh language today is given to facilitate an understanding of Wales' linguistic context. The meaning of bilingualism from the individual's perspective is explored and the need to place this meaning in context when organising services to meet the needs of individuals.

The Health of the Welsh Language – the Welsh Language and Health

2011 Census

Analyses of the 2011 Census figures are published on the Welsh Language Commissioner's website. The information helps increase awareness of the situation of the Welsh language and the patterns of its use in daily life in Wales. According to the 2011 Census, 19% (562,000) of the population of Wales have Welsh language skills. This is a reduction in the percentage that could speak Welsh in 2001 - from 20.8% in 2001 to 19.0% in 2011 – and also in number from 582,000 in 2001 to 562,000 in 2011.

The local authority with the highest percentage of Welsh speakers is Gwynedd (65.4%) and the local authority with the lowest percentage of Welsh speakers is Blaenau Gwent (7.8%). There is no single community in Wales without any Welsh speakers living in it.

According to health figures, in relation to the health of the population, in 2011 (as in 2001) Wales had a higher percentage of inhabitants with long-term health problems or disability, 23% higher than any region in England.

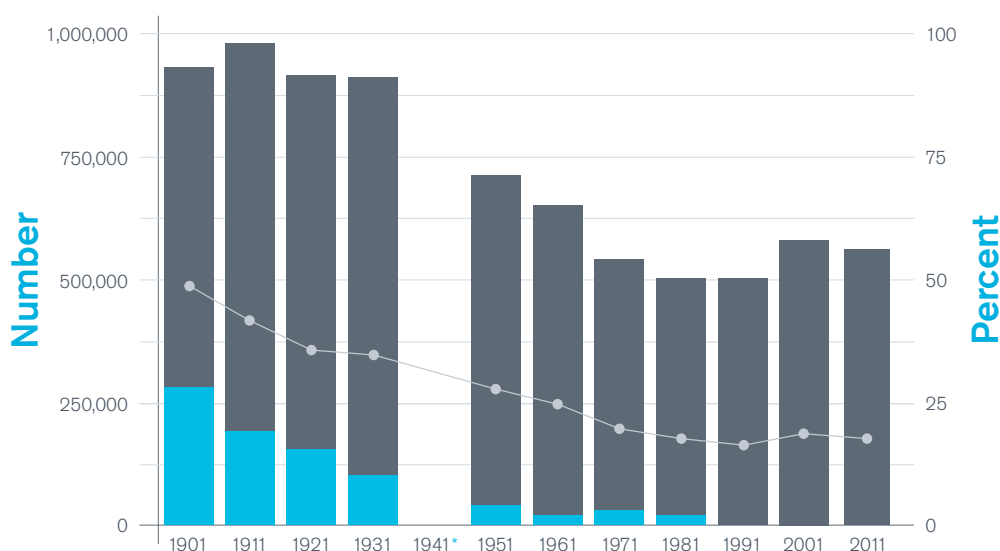
Conwy had the highest proportion of people aged 65+ (25%), whilst the lowest proportion was in Cardiff (13%) - the only area to see a reduction in the proportion of its older population. The average age in Cardiff was 33 years. In 2011, 178,000 children in Wales were aged under five, 11,000 more than in 2001.

Part 1 – Background to the Inquiry

The chart below shows the number and percentage of the population (aged 3 and over) able to speak Welsh, according to data from every census held between 1901 and 2011. Specifically, it shows the number of people in Wales who speak only Welsh; the numbers who speak Welsh and English and the percentage of the population who speak Welsh.

Number and percentage of the population (age 3 and over) able to speak Welsh 1901 - 2011

- Number speaking Welsh and English
- Number speaking Welsh only
- Percentage who can speak Welsh
- * No census



Even though the overall percentage of Welsh speakers declined since 2001, there were a number of growth trends. Among these was a national increase in the percentage of children aged 3 to 4 and aged 5 to 9 that could speak Welsh. This section of the population is significant in terms of future Welsh language provision.

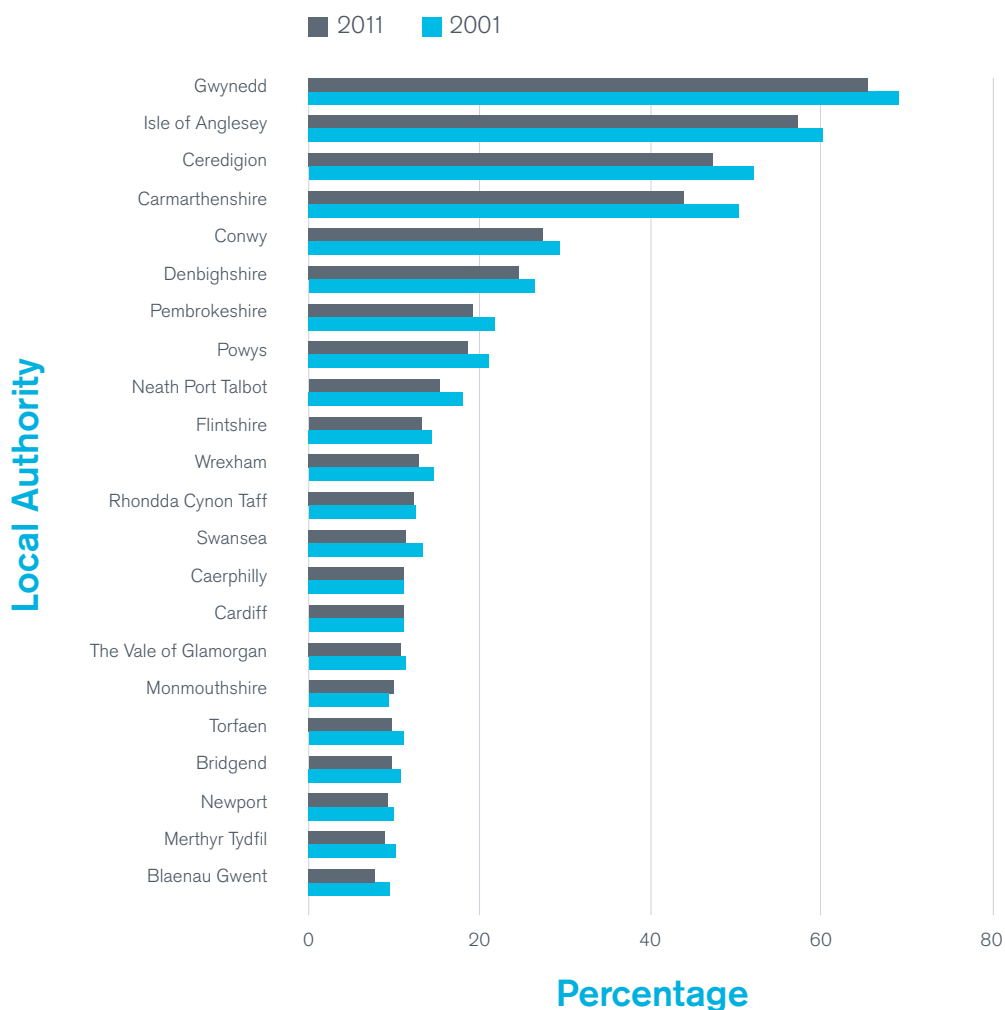
Between 1901 and 1981 the number of Welsh speakers in Wales steadily decreased until the 1991 and 2001 Census figures, which show an increase for the first time.

When considering the population, it is important to take account of both the percentages and numbers.

Part 1 – Background to the Inquiry

The chart shows the percentage of the population (aged 3 and over) who speak Welsh in all local authorities according to the 2001 and 2011 Census. The chart below shows that the highest percentages of Welsh speakers live in Gwynedd, Anglesey and Ceredigion.

% able to speak Welsh: all aged 3 and over, 2001 and 2011



The chart shows that the greatest reduction in the percentage of the population who speak Welsh in the 2001 and 2011 Census figures were in Carmarthenshire, Ceredigion and Gwynedd. The percentage remained constant in Cardiff and Caerphilly and even increased in Monmouthshire.

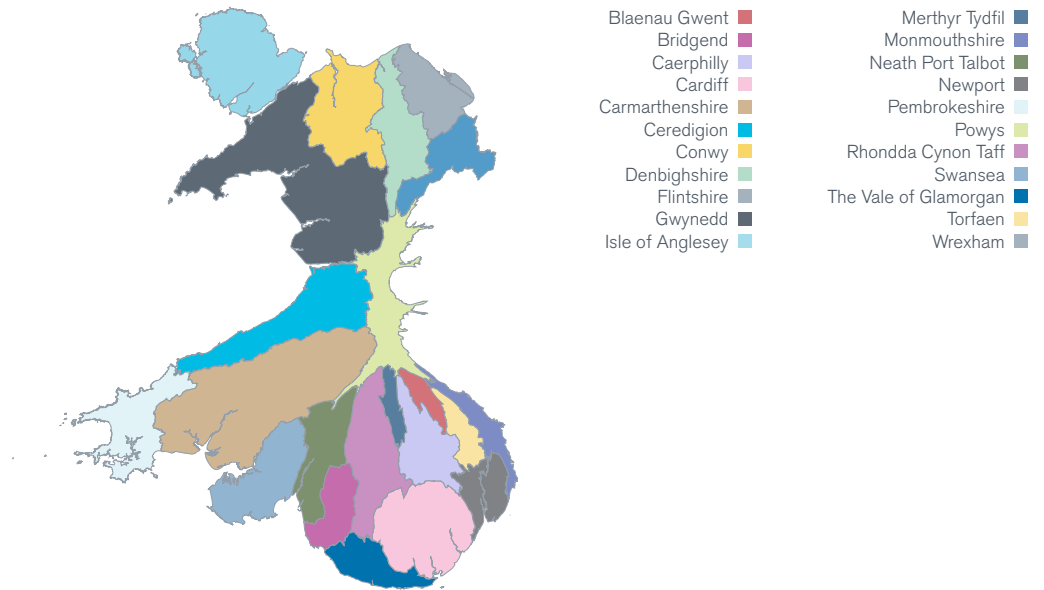
However, when looking at the linguistic profile of any area, it is important to differentiate between the number and percentage of Welsh speakers.

Part 1 – Background to the Inquiry

The cartogram below illustrates the number of Welsh speakers in every local authority area. The map is distorted as the size of the area representing each local authority corresponds to the number of its Welsh speaking population. The larger the area, the greater the number of Welsh speakers.

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2011: the number able to speak Welsh



Local authorities in the north and west are represented by large areas, indicating that there is a high number of Welsh speakers in these areas.

Local authorities in the south east are also represented by large areas indicating that the numbers of Welsh speakers are also high here. This illustrates that Welsh speakers live in areas that are not traditionally considered as areas in which the Welsh language is seen as part of everyday life.

According to the 2011 Census, although there are fewer communities where a high percentage of the population are able to speak Welsh there are also fewer communities where a very low number are able to speak Welsh.

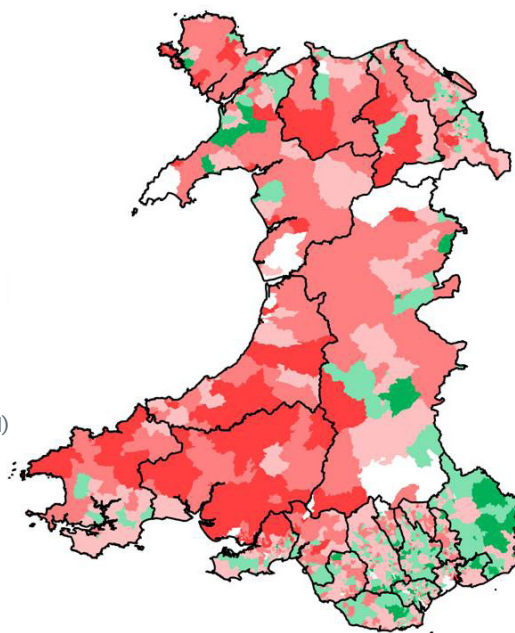
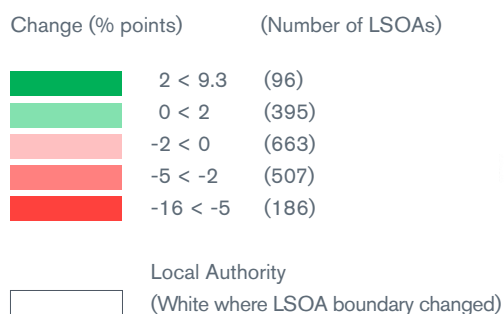
Part 1 – Background to the Inquiry

The map below illustrates the areas where there was a change in the percentage of Welsh speakers between 2001 and 2011 - red indicates a reduction, green indicates an increase.

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Change in the percentage able to speak Welsh, 2001 to 2011

Able to speak Welsh
2001 to 2011



Source: 2001 and 2011 Censuses

Contains National Statistics and Ordnance Survey data
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There are high numbers of Welsh speakers in areas that have not traditionally been considered as areas in which the Welsh language is seen as part of day to day life, this is a significant analysis.

The Commissioner will continue to analyse further results as they are published. A 5-year Report on the situation of the Welsh language to be published by the Commissioner in 2016 will be a further source of valuable information enabling greater understanding of the demographic trends of Welsh speakers

The Welsh Government's strategic framework for the Welsh language in health and social care **More than just Words** has set targets for healthcare providers to identify the linguistic profile of the areas they serve:

'establish the Welsh language profile of their communities and use this information as a base for planning services'

Part 1 – Background to the Inquiry

‘planning services, such as published service plans to include a reference to the Welsh language profile of communities and ensure that this is reflected in the work of planning and delivering services’¹⁸

As well as Census data sources, those involved in planning primary care services should seek other sources of information relating to the use of the Welsh language to enhance the statistical dimension, such as service users’ surveys.

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The Welsh Language and Health

The demography of Welsh speakers was a matter raised by a number of stakeholders in their response to the Inquiry. More than one Health Board referred to the fact that some staff found it difficult to understand the need to provide and offer services in Welsh when they have a perception that there is no apparent ‘demand’ for services by the public. A lack of understanding, according to some, also highlighted problems in terms of service planning.

One Health Board referred to the perception of some of its staff of Welsh speakers as:

‘unknown number that require service provision through the medium of Welsh’ (written evidence to the Inquiry, Aneurin Bevan University Health Board, September 2013)

‘in some areas there are high numbers of Welsh speakers and in some there are virtually none. Some GPs...say they have never heard any Welsh spoken by patients in their surgeries’ (written evidence by the Dyfed Powys General Practitioners’ Committee, September 2013)

During the process of scrutinising the evidence the Inquiry Panel was of the opinion that two issues should be addressed in this context. Firstly, as the Census shows, Welsh speakers live in every community in Wales and secondly, a health service responds to the needs of an individual. A local primary care service should therefore be responsive to the needs of a 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 - this will be considered more detail later in the report.

¹⁸ More Than Just Words, Strategic Framework for Welsh Language Services in Health, Social Services and Social Care; Welsh Government; 2012

Part 1 – Background to the Inquiry

Echoing this, in his report on **The Welsh Language in the Health Service:** (2000) Misell referred to the need to 'dispel the myth' that there are Welsh-speaking and non-Welsh speaking areas in Wales and the perception that a scarcity of Welsh speakers equates to the fact that they do not exist in the local community in question. He goes on to say:

'it must be borne in mind that patients come to the Health Service for treatment as individuals rather than as representatives of communities and the needs and special wishes of every patient are equally important'¹⁹

The response of one Health Board was to change the focus:

'statistics just don't do it in the health service...because you can't say that you have an interest in the experience of the patient if you don't care that a large number of people in your region aren't getting that level of basic interaction'

'We are trying to turn it from being a target into real issues of real people and what it feels like to turn up in any of our settings and for that person not to have quality experience in Welsh interferes with the quality of the service' (oral evidence to the Panel from Aneurin Bevan University Health Board's Workforce and Organizational Development Director, December 2013)

Bilingualism

Bilingualism is the ability to use two languages in everyday life. It is very common in the rest of Europe, and across the world. It is estimated that 65% of the world's population live their lives through the medium of more than one language. The situation in Wales and its bilingual population is therefore not unusual.

The way in which people use their two languages varies greatly – and the opportunities for them to use their languages also varies greatly.

Several stakeholders noted that it was important to refer to bilingualism and bilingual services (rather than the Welsh language only) for several reasons:

- people who speak Welsh (patients and staff) are bilingual people and use both their languages in different situations (or domains);
- it is important to highlight bilingualism as a valuable communication tool for staff in the health service in Wales;

¹⁹ 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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- people switch from one language to the other within the same situation (for example in a conversation between a doctor and patient both are able to express themselves in more detail as they are not restricted to one language; in cases of therapy or psychiatric treatment people sometimes use their second language to detach themselves and control emotion and at other times they use their first language to release emotion and tackle real problems;
- families where one parent speaks Welsh and the other does not are commonplace – there would be a need to use more than one language in certain situations.

This report therefore refers to Welsh and bilingual services in order to encompass varying needs and differing situations.

The Care Council for Wales' publication, **Different Words Different Worlds?** (Elaine Davies, 2009) offers an analysis of bilingualism from different theoretical perspectives, within a global context and its implications for social care in Wales. She states that:

'although bilingual individuals appear to be in a position of choice in relation to which language to use, the choice may not always be a free choice or even a conscious choice for the individual, especially when one of those languages is considered a minority language. It needs to be appreciated that language choice for bilingual individuals, regardless of which languages these may be, is a very complex process. This involves much wider influencing factors than political or legal ones...or emotional ones'²⁰

Fluency varies from individual to individual and a person's fluency in both languages can fluctuate during life, as a result of changes in their circumstances.

An individual can describe himself/herself as bilingual, suggesting that he/she possesses skills in both Welsh and English, but the term does not describe the individual's level of fluency or what use he/she makes of both languages in different situations.

'There is a danger of treating the Welsh-speaker as somehow two persons in one...Fundamental misconceptions can be avoided by understanding how knowledge of two languages can be controlled within a single complete and integrated person. Regarding one of the languages as a nuisance factor is incompatible with treating the client as an integrated and complete whole'²¹

²⁰ Different Words Different Worlds?; Care Council Wales; Davies, Elaine; 2009

²¹ Social Work and the Welsh Language; Bellin W, Huws Williams, R, Williams, H; and Davies, E; 1994

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Confidence is central to the way bilingual people choose to use one language or the other. Lack of confidence in their ability to use the language is very common among speakers of minority languages. For example, some Welsh speakers say that their Welsh is not good enough in more formal settings. Confidence in using a language can vary depending on a situation or context.

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In the context of primary care services there are two considerations:

- that a patient who feels more comfortable speaking the language most familiar to him or her could lack confidence to tell the health professional. The relationship between the patient and the provider is not an equal one and the tendency is to use the language introduced by the person in authority.
- that a practitioner or member of staff who speaks Welsh at home or with friends could lack confidence to use the language in a professional capacity. (This could be due to a number of reasons such as English-medium training or having non-Welsh speaking colleagues). There is very little evidence to show that those who lack confidence in using Welsh at work receive practical and organisational support and encouragement to do so.

To ensure greater understanding of the significance of bilingualism in the patient's context there is a need to look closer at these issues.

In a lecture in 2010 entitled **The needs of the bilingual patient: a challenge for the Welsh language in the Health Service** Dr Enlli Thomas, refers to the importance of understanding the implications of assessing and treating bilingual patients in a monolingual care context.

Later on in the report attention is drawn to the particular circumstances of more vulnerable groups of patients, but generally, with the exception of very young children, Welsh speakers also speak English to a considerable extent. According to Dr Thomas an English only health service takes for granted that bilingual individuals communicate the same information in their second language, but this isn't necessarily the case.

Dr Thomas emphasizes that bilingual individuals do not always use the English language in the same way as monolingual English speaker and that cultural factors need to be considered, as they affect people's use of language.

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‘To start with, it is possible that there are problems in terms of expression. If someone speaks a second language or speaks a language that is weaker for them, because for many bilingual speakers in Wales, English is not a second language but rather a weaker one, there is a tendency to pay attention to accuracy of expression rather than the relevance of the content. Of course, in the medical context, the relevance of the content is the most important thing. But there is a tendency to pay more attention to accuracy and that has a great deal to do with cultural factors. For children, of course, it is due to lack of language, but for adults, especially older adults, it is to do with the need to please, it is to do with wanting to appear as though one has good skills in the language without paying so much attention to the content of the message they are trying to convey.’

Dr Thomas reminds us:

‘because bilingual speakers learn one language or the other in one context and in differing contexts, sometimes the bilingual speakers do not have the exact words for something particular in one language, and only have terms for those things in the other language’.²²

Bilingual speakers sometimes have difficulty translating a Welsh phrase which conveys a symptom accurately into English e.g. if someone had a stomach ache but translated ‘poen yn y bol’ literally to ‘pain in my stomach’ which is a slightly different description, this could cause confusion for the doctor when trying to provide a diagnosis. When more complex symptoms and conditions are considered, it is possible to see how different interpretations could cause risks to health, especially with young children, people with dementia, learning disabilities or a mental health condition:

‘These assumptions – of equal competence and cultural equivalence – can have serious consequences when public service professionals are making assessments involving bilinguals’²³

Language Awareness

As referred to earlier, ‘**The Welsh language in the health service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales**’ by Andrew Misell in 2000 was a major milestone in terms of studies regarding the Welsh language and health.

The report, published by Consumer Council Wales, reflected the emphasis on providing appropriate services for Welsh-speaking service users and the need to look at language and language policy from the user’s perspective.²⁴

²² Lecture; Needs of bilingual patients: a challenge for the Welsh language in the Health Service; Dr Enlli Thomas; <http://www.wales.nhs.uk/sites3/page.cfm?orgid=415&pid=41688>

²³ Language and Social Work Practice; article in the British Journal of Social Work ; Pugh and Jones; 1999

²⁴ 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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Current evidence from Health Boards and NHS Trusts shows that language awareness training programmes are being implemented. However, despite the efforts of some Health Boards to introduce training to staff of GP and dental surgeries in particular areas, it is not available at an adequate level within the primary care sector.

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Some stakeholders have identified that the best time to ensure a positive and proactive attitude towards Welsh speaking patients is during training and qualification and a number of courses in healthcare, nursing and medicine courses now include elements of language awareness for students. This underlines the idea that language awareness should be central to training and education and not an optional element, this should also include continuing development and re-validation.

The Government published a **Report on a Study of Welsh Language Awareness in Healthcare Provision in Wales**²⁵ (Roberts et al., 2004) which concluded that 58% of respondents to a study of health practitioners (including primary care providers and practice nurses) showed neutral or negative attitudes towards the Welsh language in healthcare. The research indicates that a neutral attitude in itself is problematic. Even though it is not hostile, it is an attitude that sees English as the norm and the default language - it is not proactive in seeking solutions to linguistic needs.

This underlines the need for better awareness and sensitivity regarding the Welsh language when dealing with patients.

In **Delivering Local Healthcare** (2013) the Government outlines the requirements for primary care services in the future:

‘The role of area networks includes the following: assessing the needs of the local population and planning, co-ordinating and providing services in order to fulfil them, taking into consideration deprivation, rural nature, the need for services in Welsh...’²⁶

Having an understanding of bilingualism and language use and the demographic profile are two important elements of professional awareness for the primary care sector in Wales. This awareness is needed in order to provide the best service possible as outlined by the Government above. The third, and vitally important element, is the patient’s voice - the main focus of this Inquiry. Part 2 of this report examines patients’ experience in greater detail and considers their needs as Welsh speakers.

²⁵ Report on a Study of Welsh Language Awareness in Healthcare Provision in Wales; Roberts et al; 2004

²⁶ Delivering Local Healthcare; Welsh Government; 2013

Part 1 – Background to the Inquiry

Conclusions

All those responsible for planning and delivering primary care services need to understand Wales' linguistic context, whilst recognising that a health service is responsible for treating the individual.

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It is important to ensure that the significance of bilingualism in a health context is fully understood, particularly in relation to the predominantly monolingual service currently on offer to and experienced by the majority of Welsh speakers, as seen in the next part of this report.

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 organisational support needs to be provided to achieve this and language awareness should be central to education and training.

The Commissioner therefore 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.

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

Part 2 – The myth of language choice?

This part of the report reflects the reality of Welsh speaking patients' experiences based on their evidence, presented either as part of the independent survey or as direct comments to the Commissioner. It looks at the following elements - communication; treating people with respect and dignity in the provision of services; highlighting the connection between the quality of healthcare and the ability to use the Welsh language; the effect of Welsh speakers' low expectations of the services available to them; consideration of the arrangements for offering language choice; the meaning of 'need' in relation to primary care services for Welsh speakers and the question of rights in the health context.

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Introduction

Patient experience is central to this Inquiry. The Inquiry's first aim, as outlined in its terms of reference, was to inquire about the experience of Welsh speakers of receiving or failing to receive services in Welsh from primary care providers in Wales.

The definition of 'patient experience' in this report is based on the evidence received - it includes the expectations, experiences and satisfaction of Welsh speaking patients in respect of the following:

primary care locations;

- the professionals with whom they come face to face;
- what is offered and what is available;
- the clinical and non-clinical care;
- the attention given to linguistic needs;
- what they would prefer as patients.

In January 2014 the Minister for Health and Social Services announced the need for the NHS in Wales to adopt a 'prudent' approach to healthcare. He said:

'the prudent approach to medicine is not about rationing; instead it aims to deliver healthcare that fits the needs and circumstances of patients and that actively avoids wasteful care that is not to the patient's benefit. It is an ethical approach to treating patients in which clinical need and clinical prioritisation determines how services are provided'

Therefore the expectations and needs of Welsh speaking patients are wholly relevant to this approach. Many of these needs and expectations are outlined in this report.

Listening to patients

In order to listen to as many voices as possible the Commissioner announced a call for evidence from the public between May and October 2013. In addition, Beaufort Research was commissioned to conduct a research survey of 1,000 fluent Welsh speakers, on the Commissioner's behalf, during winter 2013.

Part 2 – The myth of language choice?

Beaufort Research Survey

The aim of the survey was to collect evidence about users' experience of receiving or failing to receive Welsh language primary care services in Wales. There were two aspects to the survey:

Quantitative - telephone interviews with a quota sample of 1,010 Welsh-speaking adults across Wales. Only those who considered themselves fluent Welsh speakers and those who had used primary care services during the last year were eligible to take part in the survey.

Qualitative - further interviews with some of the respondents to the quantitative survey. The main purpose was to generate a range of case studies enabling a closer look at the effect of receiving or failing to receive primary care services in Welsh on people's experiences. 120 case interviews were conducted. These interviews were aimed at those participants who had noted less positive experiences in order to research the effect of failing to receive a primary care service through the medium of Welsh. The names of individuals have been changed to protect confidentiality.

The survey's results form a core part of this report. The Beaufort Research report is published in full on the Commissioner's website. The report contains a detailed explanation of the methodology and sampling process.

Call for evidence

In addition to commissioning the survey, between May and October 2013 the Commissioner announced a call for evidence from the public in order to give everyone an opportunity to voice their opinion. The Commissioner wanted to hear about good and bad experiences by patients, service users, family members and carers of receiving or failing to receive Welsh language primary care services.

It was important to hear the voices of a range of individuals therefore opportunities were provided to contact officers over the telephone, face to face, by e-mail and by letter. The call for evidence was published on the Commissioner's website, through social media and through articles in the press and interviews on television and radio. Groups representing patients from the third sector and the health sector were also contacted to make it possible for them to contribute on behalf of those who would not usually contact the Commissioner directly.

During the autumn of 2013 19 local events were held in communities across Wales so that anyone who wished to do so could meet the Commissioner's officers face to face.

Part 2 – The myth of language choice?

The Commissioner was also present at the Urdd Eisteddfod, the Royal Welsh Show and the National Eisteddfod over the summer months in 2013, it was an opportunity to share further information about the Inquiry, to invite comments and hear about people's experiences. At the National Eisteddfod two public events were held, including a question and answer session. A session was also held with a group of young people from the 'Funky Dragon', the Children and Young People's Assembly for Wales, in order to hear their opinions about primary care services.

Over 170 contributions were received and these were considered thematically.

Learning from the patient

Giving evidence to the Inquiry Panel, the Minister for Health and Social Services said:

'We can learn a lot when patients feed back to us on the best way of doing things. Sometimes they ask for small things which make a big difference' (evidence to the Panel from the Minister for Health and Social Services, Mark Drakeford, December 2013)

It became apparent, from the comments and stories shared with the Commissioner, that what Welsh speaking patients are calling for is not unreasonable and unachievable; they are calls for respect and dignity, for safety, and for an understanding and appreciation of their needs. None of these elements are incompatible with the professional values of those who provide primary care services.

Several pieces of evidence shed light on the effect that receiving or failing to receive primary care services in Welsh or bilingually can have on people.

In considering Robert Francis QC's findings of the events at Mid Staffordshire Hospital, the Chief Executive of the NHS in Wales stated in 2013:

'Our approach needs to be characterised by openness...and acknowledging any shortcomings in the quality of care. This can, at times, be uncomfortable but it is the only way in which we can drive up standards and eliminate poor care delivery. We will also put the experience of our service users at the heart of our work – their voice must be heard and must be reflected in our action.'²⁷

²⁷ Annual Report of the NHS Chief Executive; David Sissling; 2013

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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 1998²⁸ and the Wanless report in 2003²⁹; it is a principle repeated in several policy and strategy documents. For example in 2013 the Welsh Government stated:

‘Our NHS bodies must be listening organizations. This means listening to patients; listening to staff and listening to the ‘system’ and then acting on what is heard and seen. Gathering feedback and learning from patient experience and that of its staff will be at the heart of the Board agenda.’³⁰

This report highlights the voice of the Welsh speaking patient. It aims to ensure that the health sector and those responsible for providing primary care in particular, hear of their experiences and are motivated to take action on several levels – building on the good practices that exist and acknowledging and tackling the serious shortcomings in services that have been identified:

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

Concerns

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 report. But, on the whole, the survey results indicate that Welsh language services for patients are inadequate and they, along with the experiences referenced, 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)

²⁸ Putting Patients First (white paper); NHS Wales; 1998

²⁹ Wanless Report; 2003

³⁰ Delivering Safe Care, Compassionate Care; Welsh Government; 2013

Part 2 – The myth of language choice?

This part of the report looks in more detail at these very real experiences and the relationship between being able to use the Welsh language and the quality of the care.

'Language can be an obstacle to communication' (member of the public, Betsi Cadwaladr University Health Board area)

Part 2 – The myth of language choice?

This section considers the importance of communication to the patient's experience in terms of quality and safety.

Communication

Much has been written about the importance of effective communication between the practitioner and the patient.

Different medical systems are found around the world and methods of diagnosis vary. In China, there are four elements in reaching a diagnosis and the senses are of crucial importance - observation, olfaction, interrogation and palpitation.

The Navajo people, in the south western United States, take a holistic view to healing and to the Navajo doctor, it is not necessary to question the patient himself about his health - the medicine man understands the root of the problem without having to interrogate the patient.

In Western medicine, asking the patient about the history of his or her health is the first element of diagnosis. This leads to examination and then further, more specific questions. When the practitioner has gathered enough information, he or she can provide treatment or send the patient for further tests. The practitioner will have to communicate the findings and explain the treatment so that the patient can give informed consent.

It is acknowledged that primary care involves much more than diagnosis and treatment; clinicians understand the complexity of the communication between themselves and the patient to enable effective and safe primary care. Language is more than a factor that facilitates primary care, it is an integral factor.

In a letter to the General Medical Council, Dr Dai Lloyd, Chair of the Welsh Medical Association (Y Gymdeithas Feddygol) notes the importance of the language of the consultation between a patient and a doctor:

'great emphasis is placed rightly on...being caring and open to the patient's ideas, concerns and expectations, as well as alighting on any subtle nuance of tone, voice or body language. Linguistic fluency is rarely discussed, but this is palpably a disservice in terms of successful consultation outcome to those patients and doctors whose first language is not English.

ninety percent of diagnoses are made on the history given by the patient...At primary care level the history is all important. With GPs, the consultation depends to an even higher degree on communication skills, empathy, personality and language.'

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In conclusion, better histories make for better diagnosis and better patient care'
(written evidence to the Inquiry, y Gymdeithas Feddygol, November 2013)

Effective communication between the practitioner and patient is a core clinical function. The information required to enable a diagnosis results from the consultation with the patient. The practitioner's interpersonal skills and method of treating patients with respect are also key, and the degree to which the patient complies with the practitioner's advice which in turn has a positive effect on health outcomes.

Research regarding the importance of communication in a bilingual health service has been undertaken, particularly in Canada³¹, including a study on the risks associated with failure to communicate effectively in relation to health care. The risks associated specifically with linguistic barriers in communication between patient and practitioner include:

- a tendency for the patient to be less compliant;
- less contact with services/preventative care;
- incorrect diagnosis/medical errors;
- increase in the number of tests/visits;
- negative impact on health;
- serious incidents;
- lower satisfaction in terms of the patient and the provider;
- higher costs.

In the United States, in the process of establishing federal regulatory provisions in order to protect the rights of patients to receive understandable information about their care, consideration was given to the linguistic needs of patients. Effective communication was subsequently referred to as an element of the quality of care. More recently, effective communication is considered as an essential element of safe health care.

In Wales, the Welsh Government recognizes the need to provide linguistically-appropriate services which concentrate on people's needs:

'This includes satisfying the needs of Welsh speakers and their families or carers, by ensuring they are able to receive services in their own language through the care process if they wish. For many, language is a matter of need – and in this context a care need. For example, people with dementia or a stroke can lose their second language; some children under the age of five only speak Welsh... Attention to addressing the communication needs all of health service users needs to be an integral element of service planning and delivery.'³²

³¹ Access to Health Services for Underserved Populations in Canada; Bowen, S (2000)

³² Achieving Excellence: The quality delivery plan for the NHS in Wales 2012-2016; Welsh Government

Part 2 – The myth of language choice?

The language of the primary care experience in Wales

The survey conducted as part of the Inquiry looked at communication experiences. Those surveyed were asked about their latest experiences of primary care services, the majority of those experiences took place through the medium of English.

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Services are provided through the medium of English more often than not and it appears that Welsh speakers are expected to accept this as a matter of course.

Those surveyed were asked which language they would prefer to use with primary care providers. Of those whose most recent experience was a Welsh service the majority preferred to speak Welsh, or a mixture of Welsh and English, with the primary care provider.

This figure was lower among those that received their primary care service in English with between 3-4 in 10 stating that they would prefer to speak Welsh or a mixture of Welsh and English.

Geographical areas and patterns of language use may be an influencing factor. The strongest preference to use Welsh was within the Betsi Cadwaladr University Health Board area, amongst women, ABC1 socioeconomic groups, and those who learnt Welsh as a child at home. It was at its lowest amongst men, 16 to 24 year olds, those who started learning Welsh at nursery or primary school and those who live within the south and mid-Wales Health Board areas.

Although the numbers stating that they would prefer to speak Welsh varied, approximately half of those questioned agreed with the following statement which reveals an important and more clinical element of the primary care experience: the fact that using the Welsh language does have an effect on the communication process:

'I find it easier discussing my health problems with doctors, nurses, dentists, pharmacists and similar workers in Welsh rather than English.'

The evidence from the public and the Inquiry survey highlighted that Welsh speakers have a range of different needs – from those who stated that it made no difference to them whether they received their general primary care in English or Welsh to those who cannot receive effective clinical care unless it is through the medium of Welsh. Some of these case studies are highlighted later in the report.

No evidence was found to suggest that any systematic effort is made by primary care services to establish where on this continuum of need their patients are.

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Even if a patient expresses general satisfaction in terms of receiving primary care services in English, research shows that it is important for the person providing primary care to be aware of the significance of what being bilingual means and the possible effect it may have on the relationship between the patient and the care provider and the understanding between them³³.

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'The lack of communication between my mother and the staff was considerably worse; not that she was unable to speak English, but she was much more comfortable discussing in her first language.' (member of the public, Betsi Cadwaladr University Health Board area)

Language as a clinical tool

The ability to communicate in Welsh strengthens the trust and relationship of Welsh patients with their practitioners:

'Communicating in Welsh makes a medical appointment considerably more comfortable because I feel closer to the practitioner which I do not feel with non-Welsh speaking doctors.' (member of the public, Cardiff and Vale University Health Board area)

'There is a closer relationship with the Welsh doctor, and the conversation is easier.' (member of the public)

The findings of the survey indicate that the ability to communicate in Welsh has a positive effect on the patient and practitioner:

'If you speak Welsh, you feel more comfortable in yourself. It gives you something extra' (research participant, Cardiff and Vale University Health Board area)

'I prefer to discuss in Welsh with the doctor about things, and if they're a bit personal, it probably feels better doesn't it?' (research participant, Betsi Cadwaladr University Health Board area)

'I could discuss matters better because there would already be a relationship there, that is, the language.' (research participant, Hywel Dda Health Board area)

The ability to communicate effectively is therefore an integral part of the quality of primary care provision. For a number of people, speaking Welsh fosters a better relationship between them and the professional.

³³ A discussion of these points is included in the Care Council for Wales' publication, 'Different Words, Different Worlds?' Elaine Davies (2009).

Part 2 – The myth of language choice?

A number of those who responded to the Commissioner's call for evidence confirmed this and noted that the ability to communicate through the medium of their first language with a practitioner makes them feel much more comfortable:

'A service in Welsh is important; it makes me feel more comfortable.'
(member of the public, Cardiff and Vale University Health Board area)

'But my mother is elderly, and she feels much more comfortable if she receives a service in Welsh.' (member of the public, Hywel Dda University Health Board area)

Similarly, a number of respondents to the research explained how communicating with the practitioner in their first language made the experience much more comfortable.

One participant recalled visiting the optician and discovering that the member of staff spoke Welsh, albeit with some English words used as well. They both continued the appointment in Welsh and he found the experience much more comfortable, and felt there was a bond between them as a result of the language.

'You feel a lot better in yourself to start with, more natural speaking directly, you don't have to think and translate in your head. It is an immediate relief'. (member of the public, Betsi Cadwaladr University Health Board area)

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.

Previous 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.

At difficult times, individuals and families find that the situation is easier if the individual offering the service can speak Welsh.

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Another participant described the positive impact on her and her husband of him receiving care through the medium of Welsh:

Alwen lives with her husband and two adult children in a village in the Betsi Cadwaladr University Health Board region. Her husband has been seriously ill in hospital but recently returned home.

On a home visit, the nurse greeted Alwen in Welsh: “she came to the door and spoke Welsh first, I’m sure she knew that we spoke Welsh - Welsh was spoken from the outset’. Alwen felt comfortable speaking her first language with the nurse, and felt ‘comfortable and that we could communicate in our first language’.

Her husband’s illness was a difficult period for them, so the ability to speak Welsh with the primary care staff looking after him made a real difference. They felt more reassured when expressing themselves and she observed that her husband seemed more at ease and relaxed discussing his condition with these staff in Welsh. Alwen has been ‘perfectly satisfied’ with the care her husband has received through the medium of Welsh.

‘And it seems, because we were going through quite a difficult time – it just made things easier that we spoke Welsh, could discuss any problems that we had in Welsh, and it made it feel closer and more comfortable.

Some said that they can describe their symptoms and feelings better if they do so through the medium of Welsh:

‘Local GP speaks Welsh and every GP in the surgery speaks Welsh which makes it much easier to discuss how I feel and what my symptoms are.’
(member of the public, Betsi Cadwaladr University Health Board area)

‘When I have to go to see the English doctor at the surgery, I feel I’m speaking awkwardly with him or her, and it’s very difficult to explain clearly how I feel!’ (member of the public, Betsi Cadwaladr University Health Board area)

The survey showed that having the ability to express oneself in Welsh, rather than being concerned about English vocabulary was a further benefit of Welsh language primary care services.

‘And being happy that you can say exactly what you want, instead of thinking ‘oh God’ what’s the word for . . .?’ (member of the public, Betsi Cadwaladr University Health Board area)

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One contributor whose first language is Welsh says that he made an effort to find a surgery where he could communicate with the doctor in Welsh as he knew it would be easier to describe his symptoms through the medium of Welsh:

'The discussions are comfortable and there's no language difficulty and this is positive. It is an important part of my life to be able to communicate through the medium of Welsh.' (member of the public, Hywel Dda Health Board area)

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Alwyn is in his 20s and lives in the Hywel Dda Health Board region with his brother. His local GP surgery does have one Welsh speaking doctor but he is often unable to see this GP. He feels he can be more open when discussing health issues in Welsh and that his relationship with the doctor is stronger because of the language.

'If the service was through the medium of Welsh it would be less 'strained,' and I would be able to open up more.'

Several cases in the research highlighted possible risks to the health outcomes of patients:

Rhodri (aged between 16-34) lives by himself within the Betsi Cadwaladr University Health Board area. He recounts the negative experience his grandmother had when visiting the GP surgery for an Alzheimer's test. A first language Welsh speaker with limited English skills, his grandmother was tested in English. She found this difficult and her daughter had to translate the questions into Welsh. Rhodri felt this scenario had placed undue pressure on his grandmother:

'For Nain to have any hope of understanding what was being asked in a way – with Alzheimer's disease it's hard to communicate as it is, without having to do that in your second language.'

Rhodri feels that if she had been able to take the test in her first language, the medical results may have been different:

'If the test was fairer, maybe it would have made a difference to the medical results, if you can speak your own language you're able to express yourself better, about what you feel and remember.'

Part 2 – The myth of language choice?

Rhodri therefore believes that a lack of language choice can affect the quality of the care received:

‘if you don’t understand the question, how can you possibly give the best possible answer?’

His nain is in now in a residential home, the staff speak Welsh and she seems to be responding positively to this Welsh language environment.

You can see the difference now in her response to Welsh-speaking staff, it’s important you see the value of Welsh-speaking staff in the home, she responds better to them. This proves the importance of having Welsh-speaking staff providing care.

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When a patient sees a doctor or other provider regarding a condition or problem, the doctor uses the information the patient provides to reach a decision regarding what is best for the patient’s health. The patient must be able to communicate their feelings and emotions effectively so that the practitioner can make a robust diagnosis.

‘When effective communication is absent, the provision of healthcare ends – or proceeds only with errors, poor quality, and risks to patient safety.’³⁴

Failure to communicate effectively could mean an unsafe or even inaccurate diagnosis.

In BMA Wales’ response to the Inquiry the importance of effective communication to enable the best diagnosis and to avoid possible unnecessary steps in the care route was explained:

‘As some of our members have pointed out, being able to communicate directly with a patient in their 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.’ (written evidence to the Inquiry, BMA Wales, September 2013)

³⁴ Language Differences as a Barrier to Quality and Safety in Health Care: The Joint Commission Perspective; Paul M. Schyve, MD; 2007 UDA

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Before being examined or receiving treatment the patient must give his/her consent. A doctor or nurse will explain the treatment and give all the relevant information before the patient reaches a decision.

'If the patient is not offered as much information as they reasonably need to make their decision, and in a form they can understand, their consent may not be valid.'³⁵

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Similarly, the doctor or nurse must be satisfied that the patient has the capacity to understand the information about the treatment, its purpose and its nature and why it is offered to enable him to weigh up the benefits and the risks.

The practitioner therefore has a responsibility to have full understanding of the linguistic needs of the patient in question and to consider that stress or worry can affect a patient's comprehension of information given in a second language.

The evidence of the Company Chemists Association to the Inquiry notes that being able to communicate in his/her first language helps the patient understand how and why they need to take medication:

'If a conversation takes place in the mother tongue of the patient then it helps to ensure that they understand both why and how they should take their medication.' (written evidence to the Inquiry, Company Chemists Association, January 2014)

In examining examples of policy in other areas, the Commissioner identified progress on communication needs for certain vulnerable groups.

In July 2013 the Welsh Government published standards of service delivery that people with sensory loss should expect when receiving healthcare. It was recognition of the need to raise awareness of the specific needs of some patients in order to ensure that an informed workforce able to provide appropriate services to meet those needs.

³⁵ www.patient.co.uk

All Wales Standards for communication and information for people with sensory loss

Under the Equality Act 2010, there is a legal duty upon the health sector to make reasonable adjustments to ensure equality in terms of access to healthcare services for disabled people. Public bodies need to take positive steps so that all the access and communication needs of disabled people are met. Public bodies are expected to be proactive. The document states:

Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes.

Clear comparisons can be made between the needs of people with sensory loss and people who have linguistic needs – especially those within vulnerable groups such as people with learning disabilities or dementia.

The All Wales Standards document echoes some of the findings of this report in terms of communication needs, outlining the following about some of the expectations upon primary care providers:

People with sensory loss should be asked to describe their communication needs when they register with a new GP or primary healthcare service. Arrangements should be made to gather this information for existing patients. This should describe a patient's individual communication needs in a practical way. For example, a record should not only say that a patient is deaf blind but also requires written communication in a minimum of Arial 14pt and that speech should be clear.

It is important that staff are patient and sensitive in their approach in asking a patient to describe their communication and information needs.

A 'flagging' system on a patient's computer or paper record should enable practice staff to understand the needs of the patient when they attend the practice. This should also apply to any patient appointment carried out within the patient's home or within a community setting, including care homes.

Good signage is important in ensuring that people with sensory loss are able to access the healthcare they need. To minimise their anxiety and any confusion all signs should be clear and easy to understand.

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When patients are referred from primary care for treatment in secondary care, their communication needs should be transferred using the referral process. Patients should not have to keep repeating that they have a sensory loss or the fact that they need communication support.

People with sensory loss should be able to make an appointment through a variety of contact methods, as a telephone based appointment system may be inaccessible to them. This would include e-mail, text messaging, textphones and websites.

All members of staff should be trained to communicate effectively with someone with a sensory loss. This training should reflect a person centred approach which encourages staff to use clear speech and respond appropriately to individual needs. This is particularly important for clinical staff, as patients need to understand what is being communicated to them when they attend for a consultation.

Appropriate communication support should be provided to people with sensory loss who may be attending an appointment in the capacity of a carer or as the parent of a child.

It is important to recognise any other language need that a patient with sensory loss may have, for example the Welsh language or other minority languages. In every instance, it is important to ask the individual patient to describe their needs.

For those patients and service users who are blind or have a visual impairment, letters should be sent out in accessible formats, for example Braille or larger font. In every instance where written communication is required with a person with sensory loss, the individual patient should be asked to indicate the appropriate format for them and this should be provided.

It is important that the different forms of communication are promoted to patients and service users with sensory loss and they are encouraged to access them.

Healthcare professionals have a responsibility to make certain that patients with sensory loss leave the healthcare setting having heard and understood everything they need to know about their healthcare. Appropriate procedures should be in place to ensure that information is conveyed clearly to patients during a consultation.

Where patients are referred on to other specialist services, for example, counselling services, it is important that their information and communication needs are met by other service providers. Patients should not experience unreasonable delays in accessing healthcare because of a need for accessible information and communication support.

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Conclusions

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.

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.

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.

The Welsh Language Commissioner's recommendations

Recommendation 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.

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 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.

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Dignity and respect

Research into the opinions of patients regarding what is important to them as they receive health and care services has demonstrated that being treated with respect is the most important factor³⁶.

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What dignity and respect means in healthcare is that individuals receive care which supports them without undermining self-respect. It means treating every patient as an individual. The Royal College of Nursing definition explains:

'Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as a valued individual'³⁷

Treating patients with dignity and respect within the health service in Wales is high on the Government's agenda - in its five year vision **Together for Health**,³⁸ guaranteeing patient dignity and respect is one of the areas identified for improvement within five years.

³⁶ ICM: Fear of Raising Concerns about Care, 2013

³⁷ Defending Dignity, Challenges and opportunities for Nursing, RCN, 2008

³⁸ Together for Health, the five year vision for the NHS in Wales; Welsh Government; 2011

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Ensuring patient dignity and respect is also very prominent in professional standards:

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The General Medical Council

Treat patients as individuals and respect their dignity³⁹

The Nursing and Midwifery Council

Make the care of people your first concern, treating them as individuals and respecting their dignity⁴⁰

The Health and Care Professions Council

Treat service users with dignity and respect⁴¹

The General Dental Council

Treat every patient with dignity and respect at all times⁴²

The General Pharmaceutical Council

Show respect for others⁴³

The General Optical Council

Respect every patients' dignity and privacy⁴⁴

NICE

Treat patients with respect, kindness, dignity, compassion, understanding, courtesy and honesty⁴⁵

There is a correlation between services quality and providing services that show dignity and respect towards individuals as noted in the Chief Medical Officer's annual report:

*'Services should be safe, effective and compassionate and they should meet the needs of patients, whilst treating them with dignity and respect.'*⁴⁶

The link between dignity and respect and quality of service demands an awareness of the needs of Welsh speakers by the professions.

³⁹ Good Medical Practice; GMC; 2009

⁴⁰ Code: Standards of conduct, performance and ethics for nurses and midwives; The Nursing and Midwifery Council

⁴¹ Standards of proficiency; The Health and Care Professions Council

⁴² Standards; The General Dental Council; 2013

⁴³ The standards for registered pharmacies; The General Pharmaceutical Council; 2013

⁴⁴ What to expect from your optician; The General Optical Council

⁴⁵ The NICE quality standards; NICE

⁴⁶ Chief Medical Officer for Wales: Annual Report 2012-13, Welsh Government.

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In the toolkit published by the Welsh Government **Giving Voice to Older People, Dignity in Care** the authors explain the link between identifying the linguistic needs of the patient and treating him/her with dignity and respect, by acknowledging their identity:

‘Respecting dignity in care encompasses valuing individuals and looking at the world from their perspective. Language plays an important role in establishing and expressing this perspective or identity. Thus, responding sensitively to language and adopting a person-centred approach is fundamental to upholding dignity in care in the bilingual setting.’⁴⁷

Dignity and respect are essential elements of quality care and for a number of patients failing to offer, or not attempting to offer a Welsh service demonstrates a lack of respect. Several contributions to the Inquiry highlighted the feeling of disappointment when the service doesn’t acknowledge an individual’s identity:

‘Due to the surgery’s appointments system it is impossible to ask for the children to see this particular doctor if they are ill - it is impossible to arrange to see a doctor on the day, we have to accept what is available. I believe the reception staff at this specific surgery need general training on how to treat patients in a respectful and courteous way.’ - (member of the public, Betsi Cadwaladr University Health Board area)

‘I have been in situations where they have told me not to speak Welsh as it is not fair on other patients - as they do not understand what we are saying. It’s very difficult when you’re having treatment to have someone tell you ‘don’t speak Welsh’. - (member of the public, Hywel Dda Health Board area)

The research conducted highlighted the importance of acknowledging people’s identity. It revealed how language is part of patients’ identity and for a number of Welsh-speaking patients using it is an integral part of their lives:

‘The discussions are comforting, and there is no language difficulty and this is positive. It’s an important part of my life to be able to communicate through the medium of Welsh’. (patient from the Hywel Dda University Health Board area, research participant)

⁴⁷ Giving Voice to Older People, Dignity in Care, Welsh Language Toolkit; Roberts, Gwerfyl, Welsh Government; 2011

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Some individuals regard the language as a part of belonging; people are very proud of their identity and being able to use the language adds to their pride. Teenager Tomos, who lives within the Abertawe Bro Morgannwg University Health Board area, welcomed the opportunity to speak Welsh with an optician. As a pupil in a Welsh medium school, he liked the fact that he was able to use the language outside the school gates and appreciated being able to learn new vocabulary and improve his skills. The experience also added to his sense of pride in being able to speak Welsh. His mum had found the Welsh-speaking optician.

One participant referred to a lack of bilingual staff and materials in his local dental surgery:

'Which is quite odd in [town name] to tell you the truth, I know they are a private company. Everything's in English, forms and everything. The dentist's surgery doesn't take a lot of notice of language matters.' (patient from the Betsi Cadwaladr University Health Board area, research participant)

The failure to make use of bilingual materials makes him feel that the dental surgery is ignoring the identity of some of its patients and is preventing the surgery from showing empathy towards the needs of the patient. The individual believes that methods such as a bilingual intercom system and bilingual signs are a means of displaying a more positive attitude towards the language:

'This isn't the answer but it would acknowledge that we live in Wales in an area where a lot like to and can speak Welsh.' (patient from the Betsi Cadwaladr University Health Board area, research participant)

Courtesy and non-discriminatory practice

As the National Institute for Health and Care Excellence (NICE) indicates, treating patients with dignity and respect involves being courteous towards the patient in all situations. Courtesy is a fundamental element of the dignity and respect agenda. Courtesy improves the quality of service for an individual, this is particularly true for Welsh speakers:

'ALL the receptionist speak only English (about 10 of them,) they make no effort to pronounce my name correctly.' (member of the public, Betsi Cadwaladr University Health Board area)

'The biggest problem is that the doctors make no effort to pronounce Welsh names correctly. Once, [the doctor] made a hash of trying to pronounce my name so I explained to him how to do so. After making a big deal of it he wrote on my file how he should pronounce my name. Despite this, he still pronounces my name incorrectly.' (member of the public, Hywel Dda University Health Board area)

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Very often, very basic steps can be taken in the context of showing respect and courtesy towards Welsh speakers. Several members of the public noted that they did not expect everyone everywhere to speak Welsh, the main elements of courtesy noted were:

- bilingual greeting;
- acknowledging identity and language choice;
- pronouncing names correctly.

‘The optician’s reception staff greet people bilingually and this makes one feel at ease and comfortable.’ (member of the public, Betsi Cadwaladr University Health Board area)

Positive effect through small actions, with no cost

The patient, aged 80, moved to a new area (Abertawe Bro Morgannwg) and so needed to register with the surgery. On her first visit she saw a poster at the surgery extending a welcome to Welsh speakers to speak Welsh with one of the doctors who was learning the language.

When she mentioned this to the receptionist (who was a non-Welsh speaker) and asked to be registered with the doctor in question, the fact that she was a Welsh speaker was warmly and enthusiastically welcomed.

This was a very positive experience for the patient and one that made her feel that there was a great deal of respect for her as a Welsh speaker. She feels that the relationship with the doctor will be a partnership and she will not be nervous when visiting the surgery.

The experience of one research participant is an example of how lack of courtesy can verge on being discriminatory, also representing a risk to the health and well-being of the individual:

Cause for concern

The patient phoned the GP out of hours service after she had an accident. After providing her name, the person on the telephone thought it was a false name as he was not familiar with the Welsh name:

‘Then I rang the [service] –the response I had was vile. They asked for the name of the patient, and I said [my name] and they said ‘how do you spell that? I spelled my name out three times and the response was ‘that’s not a name, it’s a meaningless jumble of letters. So, I said that I’d just give my initials instead of [name] – the response then was ‘if you’re not willing to give the name of the patient, I’m not going to bother the doctor.’ (patient from the Powys Teaching Health Board area)

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Health services must operate in ways that are compatible with the European Convention on Human Rights. Under Article 14, which prohibits discrimination, services for the public are expected not to 'discriminate on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.'⁴⁸

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'Other status' has been interpreted in some cases as personal characteristics which make a person or group of people different to each other.

In the book **The Rule of Law** (April 2010) Tom Bingham explains:

'It would not be tolerable if people's right to enjoyment of the rights and freedoms in the Convention could lawfully be reduced because they were female, or homosexual, or belonged to an unpopular race, or were black, or Jewish, or Gypsies or spoke a minority language...It is unpopular minorities whom charters and bills of rights exist to protect'.⁴⁹

⁴⁸ Human Rights Law

⁴⁹ The Rule of Law; Bingham, Tom; 2010

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Conclusion

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.

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.

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.

Welsh speakers identified the following as examples of actions that show respect:

- 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.

The Welsh Language Commissioner's recommendations

Recommendation 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.

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.

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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.

Quality

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In healthcare, 'quality of care' is a combination of many factors but in short, safety, experience and effectiveness are recognised as three core elements. The Royal College of Physicians recognises seven domains: safety, patient experience, effectiveness, efficiency, equity, timeliness and sustainability.

Patient stories and experiences gathered during the Inquiry have encompassed these elements and have led to a number of questions regarding the quality of the primary care services received by Welsh speakers.

The report addresses those factors that enable the delivery of a quality service and highlights obstacles and risks that were brought to the Commissioner's attention through evidence from patients and the sector.

In terms of Welsh and bilingual services the risks to quality mainly resulted from communication needs. The evidence gathered involves:

- dignity and respect leading to a better experience - as practitioners acknowledge, a happier patient recovers more quickly;
- Welsh language communication needs – the potential risk to the patient's health outcomes when they do not receive service in Welsh.

Effective communication is at the heart of primary care. A number of international studies have established a clear link between communication difficulties and a poorer quality of service. In a study in 2007 in the US into the link between linguistic ability and the quality of primary care, it was identified that Spanish speaking patients with low English language proficiency have more negative experiences; have decreased access to health services in general; have greater difficulty obtaining information or advice and have less continuity and progression in their health care.

This study and similar studies, address the use of English language services by patients who are not very proficient in English, but the focus is on communication and the results of ineffective communication.

⁵⁰ Association Between Language Proficiency and the Quality of Primary Care Among a National Sample of Insured Latinos (2007)

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Risk to quality of care and treatment

Carys lives with her husband and her two teenage sons within the Betsi Cadwaladr University Health Board area. Her mother had to visit the GP surgery to undertake a test for dementia. The test was administered in English: 'the tests were all in the English language, and they were asking quite complicated things'.

To make things more difficult for her Welsh-speaking mother, none of the doctors spoke Welsh, and her mother became confused, having to try and think in English.

'There was one test for example where there were images, and she had to say what they were, and my brother and I had to leave the room, and we came back in and she was all agitated you know, she was upset because she couldn't think... because of the fact she was thinking in Welsh.'

Carys feels that if the test had been in Welsh her mother would have responded better, and would have felt more at ease. In one instance, her mother could only remember the Welsh word for 'harp' when asked to name a number of images, and was told that she was wrong, which she found upsetting.

'Her first language is Welsh, but because the test was in English and she had to say the word in English, there was one example where she couldn't think of the English word for 'harp', and she said the word "telyn" [Welsh for harp] and the woman said "no", and mum knew it was a harp in that picture – and because she couldn't think of the English word - and because this woman only spoke English - you know? That was upsetting for her, and the first thing she said when we came back was "what's 'telyn' in English?'"

As research has shown there are variations in levels of bilingualism – this may be due to a condition such as dementia or a temporary in the case of someone who is in pain or under stress which means that it is very difficult for them to express themselves in English. Together with some of the patient stories shared with the Inquiry, this highlights clear risks to the quality of care and treatment.

Owen and Morris' recent quantitative study of the rehabilitation service provided by community teams to support people in their homes concludes:

'...that Welsh-speaking patients do not gain the same benefit from the rehabilitation unless members of the rehabilitation team can speak Welsh.'

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They suggest that:

‘...effectiveness and outcomes of therapy are influenced by linguistic use. Therapy outcomes for Welsh speakers were substantially lower than therapy outcomes for non-Welsh speakers when the therapy was provided by a non-Welsh speaking team and therapists.’⁵¹

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Further research is needed in this area to gather evidence, arising from the experience of Welsh speakers in particular, of primary care.

Duty of the primary care sector

Among the responsibilities of doctors, according to the General Medical Council, is the need to provide a good standard of care - this includes identifying the limitations upon their ability to practice and the need for them to work within those limitations.

‘...recognise and work within the limits of your competence.’

and

‘...you are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.’⁵²

This, of course, is a duty upon the wider primary care team but what it highlights is the need 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.

This is linked in part to the findings of the review by Robert Francis QC of the Mid Staffordshire Trust in England which has challenged the health profession to tackle this question. It is identified as a ‘duty of candour’, i.e. the duty to be open with the patient, the public and the service when things are not right - when the service is sub-standard.

⁵¹ Effect of language on physical rehabilitation: A study of the influence of language on the effectiveness of therapy in a Welsh-speaking community; 2012

⁵² Good Medical Practice; General Medical Council; 2009

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In the process of gathering evidence, the Panel heard about the work of the Francis Review and the relevance of its findings to the health service in Wales. According to Peter Watkin Jones, who led a team of solicitors under Robert Francis:

‘The evidence we have is that nurses and doctors were not voicing their opinions about what they were seeing...There was a system in which professionals were satisfied with mediocrity and to do nothing about it. There is an expectation upon patients and their families to express an opinion. But we felt that there was more of an obligation upon professionals to speak out.’ (oral evidence to the Panel, Peter Watkin Jones, February 2014)

Furthermore, he notes that arrangements need to be put in place to explain to:

‘professional staff how to raise concerns so that these things are mentioned and discussed so that improvements take place’ (oral evidence to the Panel, Peter Watkin Jones, February 2014)

The Royal College of Physicians (RCP) calls upon healthcare professionals to show leadership:

‘Patient safety and quality improvement is a shared responsibility between healthcare professionals, managers and others working across the system. The RCP is committed to continuing our leadership role in ensuring doctors take responsibility for holistic care, not just diagnosis and treatment, and all care must be compassionate.’ (Sir Richard Thompson, President RCP)

Various sources provide information about the quality of primary care in general (e.g. inspection reports, the results of patient surveys and performance data and reports by organizations). But, does the health service specifically measure the quality of Welsh-language primary care services?

‘What matters to you?’

‘Are we asking ‘what matters to you’ rather than ‘what is the matter with you?’ – ensuring we are concerned about the quality of the care and not just the quality of the treatment.’⁵³

In August 2013, the Welsh Government published a document in response to the Robert Francis report, **Delivering Safe Care, Compassionate Care**.⁵⁴ The document sets out a national framework to enable high quality care outlining the importance of measuring what matters. The report refers to the importance

⁵³ Delivering Safe Care, Compassionate Care; Welsh Government; 2013

⁵⁴ Delivering Safe Care, Compassionate Care; Welsh Government; 2013

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of meeting the needs of those wishing to communicate through the medium of Welsh. The Commissioner is of the opinion that, in ‘measuring what matters’ standards, targets, templates and guidelines should incorporate clear and explicit requirements to measure the quality of services for Welsh speaking patients.

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The document outlines the NHS in Wales’ quality assurance system which includes the Welsh Government, inspectors and regulators, providers, advocates and patients themselves. This highlights that there are many key monitoring points to which considerations of the Welsh language can be mainstreamed to improve accountability for the quality of services to Welsh-speaking patients in primary care and more widely.

Since 2012, health bodies in Wales have been required to submit an annual quality statement. In the first annual quality statements there is hardly any evidence of monitoring the quality of Welsh language primary care services, or other services even though the guidance issued by the Government notes:

‘The Welsh Government is committed to delivery of services that are centred on users needs... This includes satisfying the needs of Welsh speakers and their families or carers, by ensuring they are able to receive services in their own language through the care process if they wish. For many, language is a matter of need – and in this context a care need. For example, people with dementia or a stroke can lose their second language; some children under the age of five only speak Welsh.

There can be many other communication challenges and barriers facing people face when accessing health services. Ineffective communication with patients with sensory loss can be a patient safety issue that can have serious implications for both patients and health organizations.¹⁵⁵

The evidence presented to the Inquiry and the experiences people shared with the Commissioner highlights that Welsh language primary care services should be better and that they do not, in general, serve Welsh speakers adequately. From this the Commissioner concludes that the quality of Welsh language services is clearly not sufficient in a number of cases.

A number of stakeholders reported that more quantitative evidence was needed on the link between quality and the ability to use the Welsh language - and the clinical effect of not receiving service in Welsh. When considering the research that currently exists on the subject, it is clear that more work is needed. However, the qualitative evidence received by the Commissioner is unequivocal - Welsh speakers are having to experience unacceptable levels of service at the expense of their wellbeing in primary care in Wales today.

⁵⁵ Achieving Excellence: The Quality Delivery Plan for the NHS in Wales 2012-2016; Welsh Government

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An element of the Government's monitoring framework (Delivery Framework 2013-14 and Future Plans⁵⁶) is to monitor patients' experience and their satisfaction with services. This is measured by:

- monitoring experience and dignity in patient care using a fundamentals of care audit;
- measuring progress of the Older People's Commissioner's action plan;
- the Healthcare Inspectorate Wales' monitoring work;
- national and local surveys (e.g. the Community Health Councils' work).

The Government has taken steps to mainstream the Welsh language into methods of monitoring patient satisfaction but it is too early to evaluate any findings as the work has not yet become established.

The warning from the Betsi Cadwaladr University Health Board must be considered in this context:

'Although there are examples of good practice...it is difficult to measure effectiveness in either quantitative or qualitative terms' (written evidence to the Inquiry, Betsi Cadwaladr University Health Board, October 2013)

Measuring the effectiveness of current primary care in terms of the Welsh language is not a simple exercise. As all structures, systems and processes are not monitored, consideration must be given to the evidence that is available and to increase the body of quantitative evidence to accompany the qualitative.

Organizations also depend on matters raised under Putting Things Right (the health service's arrangements to deal with concerns and complaints) to bring any shortcomings to their attention. As seen in the next section of the report about the unwillingness of patients to raise concerns, only a very small number of the matters raised involve the Welsh language, and as a result, the concerns of Welsh speaking patients are hidden concerns.

Measuring what matters

'We must ensure we measure what matters to those who receive services and those who provide them. We must move away from a simple focus on activity to measuring the difference activity produces'⁵⁷

As noted, the stories and experiences of patients, and the evidence from

⁵⁶ Delivery Framework 2013-2014 and Future Plans; Welsh Government

⁵⁷ Delivering Safe Care, Compassionate Care; Welsh Government; 2013

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stakeholders collected during this Inquiry lead to a number of questions regarding the quality of primary care services for Welsh speakers. Based on those elements associated with a quality service, as regarded by professionals and arising from the experiences and evidence presented to the Commissioner, a service of quality for Welsh speakers is one that:

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- is visually bilingual (a bilingual identity with signs and material that are bilingual);
- provides clear information for patients regarding the Welsh language services that are available;
- is aware of the staff able to provide a Welsh language or bilingual service and when;
- has arrangements in place to respond to the need for a Welsh language or bilingual service by organising staff effectively and by purposeful planning and recruiting;
- has non-Welsh speaking staff with skills and knowledge to provide a service which is linguistically sensitive (correct name pronunciation; a bilingual greeting; acknowledgment of identity and alert to language needs);
- has staff that know when they are not equipped to provide care to a Welsh speaking person and need to refer the case to another member of staff;
- identifies the risks associated with failing to provide Welsh language services to the patient (in terms of consent; assessments and diagnosis for instance) and have put measures in place to deal with such risks;
- records the language in which the patient prefers to communicate and shares that information with the team responsible for arranging the patient's healthcare;
- actively offers Welsh language or bilingual services.

Low expectations

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 - as the majority of Welsh speaking patients' experiences are through the medium of English, it suggests that the needs of providers are driving the service rather than the needs of patients. 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. In Canada, patients' reluctance to insist on services in their preferred language has been recognised:

'Patients are not going to insist on being heard, understood or cared for in French when they are at their most vulnerable and legitimately preoccupied with their health.'⁵⁸

The reluctance of Welsh patients to ask for a service in Welsh has become

⁵⁸ Special Report on French Language Health Services Planning in Ontario; Office of the French Language Services Commissioner; 2009

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apparent during the course of the Inquiry.

'There is no Welsh provision in the surgery but I accept that this is part of life, being close to the English border and so the situation is unlikely to change.'
(member of the public, Aneurin Bevan University Health Board area)

'No-one speaks Welsh – as far as I know! I'm well used to it; I haven't pushed my Welsh in the surgery.'
(member of the public, Hywel Dda University Health Board area)

'There's not much Welsh in the local surgery although I would wish to have a Welsh language service. But I am used to it and accept the situation.'
(member of the public, Betsi Cadwaladr University Health Board area)

The Inquiry survey also confirmed that Welsh speakers are unwilling to ask for a service in Welsh.

The proportion of service users who requested a Welsh speaking doctor/nurse when one was not proactively offered was very low, despite their preference for using the Welsh language in such situations. The percentage ranged from 4% in the case of dentists to 7% for family doctors. Again, those who had used Welsh or a mixture of Welsh or English in their last interaction were more likely to have asked for a doctor or relevant health professional who spoke Welsh.

The proportion of Welsh speakers whose preference was to communicate in Welsh and who requested a Welsh speaking doctor, nurse or other member of staff was low, suggesting that barriers do exist. A reluctance to ask to see a Welsh speaker for fear of being seen as a trouble-maker or because it might result in a longer, more drawn-out process are two barriers noted in the responses to two statements within the survey:

More than a third (36%) of all Welsh speaking primary care service users agreed with the statement **'If I ask for a Welsh-language service when dealing with professional health care workers I worry that I will be labelled a difficult person'** (51% disagreed). Those most likely to agree with this statement were those who described their health as bad or very bad (42% agreeing), those living in Health Board areas in South and Mid Wales (42%) and those with children aged under sixteen (39%)

More than half (53%) agreed that **'If I ask for a Welsh-language service when dealing with professional health care workers I worry that it would make the process a longer one'** (33% disagreed). Concern about the possible impact on timescales was particularly marked amongst those living in South and Mid Wales Health Board areas, where agreement rose to 61%. Agreement was also high amongst those with children under sixteen (56%). When patients are unclear as to what can be expected or what should be

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available in terms of their linguistic needs, the behaviour and attitude of Welsh speakers is consistent with other patients dependent on healthcare: taking what they're offered and being grateful for it, despite any language difficulties – this is what emerges from the evidence.

In addition, some research suggests that patients tend to withdraw and decide not to use services if they are not available in Welsh as the service does not feel appropriate and effective for them (Welsh Government, Care Council for Wales 2012).

Expressing concerns

'The barriers to people being able to highlight poor care are immense, and the stress of having to do so can undermine their wellbeing'⁵⁹

The Robert Francis Report into the shortcomings at Mid Staffordshire Hospital highlighted the fact that individuals are too willing to accept the service provided and very rarely feel they can challenge things if they are not happy with the service.

There were examples in Mid Staffordshire Hospital of people who were dissatisfied with the service provided, but reluctant to voice concerns. The report looked at the reasons for the willingness to accept a service lower than the expected standard:

- o a desire not to appear ungrateful for good care received;
- o a wish to put a distressing experience behind them;
- o uncertainty about whether there was true cause for complaint;
- o fear of an adverse reaction from those criticised and their colleagues;⁶⁰

This is reflected in the experience of Welsh speakers:

'I don't like complaining, I shouldn't have to complaint about language provision. I don't complain even though the use of language causes me concern.' (member of the public, Hywel Dda Health Board area)

Language choice?

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

Language choice usually refers to users being given a choice which language

⁵⁹ Delivering Dignity; LGA; NHS Confederation; Age UK; 2012

⁶⁰ The Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry; 2013

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to use when receiving a service. There is a general acknowledgement in the health service that offering a service in the language choice of the patient is a matter of good practice. It is a process of acknowledging and working with the patient to ensure his/her well-being:

‘Our vision is to provide a service that will satisfy the needs of Welsh speakers and their families or carers, by ensuring that they are able to receive services in their own language throughout the care process’⁶¹

In **Defnydd o'r Gymraeg yn y Trydydd Sector yng Ngwynedd a Sir Gaerfyrddin** (Use of the Welsh Language in the Third Sector in Gwynedd and Carmarthenshire) (2011), Cynog Prys discusses language choice and the problems associated with it in the context of patients in the health sector. He raises the question if, when a Welsh service is available, whether the choice between the Welsh service and the English service really is equal? He argues that there is no formal or consistent language choice available in public services in Wales and when a choice of service is available not everyone who speaks Welsh is in a position to make a choice:

‘It could be argued that the ‘language choice’ rhetoric can conceal the fact that inequalities of power can exist between user and provider, and that it is unlikely that a service user would go against convention [i.e. accepting the service in English]’⁶²

As previous studies have demonstrated (E Davies 1999; A Misell 2000; G Roberts et al 2004; More than Just Words 2012) together with comments received from members of the public in this Inquiry and evidence from the independent research, the following obstacles could exist for service users who choose a service in Welsh:

- lack of expectation due to patchy provision - any previous experience is by chance and so the patient does not have confidence in a Welsh language service;
- the idea that English is the default language within the health service in Wales and the feeling that they should comply with convention or that it is expected of them;
- the feeling that asking for a service in Welsh at, for example, the doctor or dentist they usually attend would give the impression that they are a nuisance or a fussy person;
- the feeling that asking for a service in Welsh would cause a delay to the service received due to having to be referred to another person
- the vulnerable position of the patient - the patient is often in pain, feeling

⁶¹ More than Just Words, Strategic Framework for Welsh Language Services in Health, Social Services and Social Care; Welsh Government; 2012

⁶² Use of the Welsh Language in the Third Sector in Gwynedd and Carmarthenshire; Prys, Cynog; 2011

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stressed or nervous or in a position in which he/she cannot identify or express their needs (e.g. young child, patient with dementia, person with learning disabilities or mental illness).

- the inequality of power between the patient and the professional - this has been acknowledged in studies across health services generally;
- different use of language by the patient in various situations or domains.

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'I don't speak Welsh' is often the response to an inquiry in Welsh and that makes some people feel inferior, prompting them to be apologetic for speaking Welsh..' (member of the public, Betsi Cadwaladr University Health Board area)

'The optician asked me to sign NHS forms. When I asked whether Welsh forms were available, he said that they had all been thrown into the bin..' (member of the public, Betsi Cadwaladr University Health Board area)

The research held heard from people who had been told there was no service available for them in Welsh despite a clear need, others who expressed their 'choice' for a service where no acknowledgement of any such choice exists and others who were considered a nuisance for asking.

Helen lives in Llanelli with her husband and two young children. Her story highlights the impact of not receiving primary care services through the medium of Welsh, and how she thinks the situation at her local surgery could be improved. She feels disappointed with the service currently provided at the surgery. There are no bilingual signs or literature and, although some of the reception staff do speak Welsh, they do not offer a Welsh language service in the initial conversation:

'I therefore speak Welsh when I go to the reception desk... but none of the staff offer me a Welsh language service. They might be bilingual but they don't offer a service in Welsh, or a choice of language in which to communicate.'

Having a bilingual doctor would make Helen feel more comfortable, 'offering the option, the opportunity and the choice for me to speak Welsh. This would be much more personal'. This option is very important to her - 'this is especially important when discussing health matters'. Helen believes that the language choice doesn't affect the care itself, but discussing her health matters through the medium of Welsh is 'a lot more personal and makes me feel a lot more positive.'

She thinks Welsh speakers should be actively offered the option to receive care through the medium of Welsh, especially when dealing with reception staff, 'without having to ask.' Her children are happier speaking Welsh rather than English; 'this is important when they visit the surgery.'

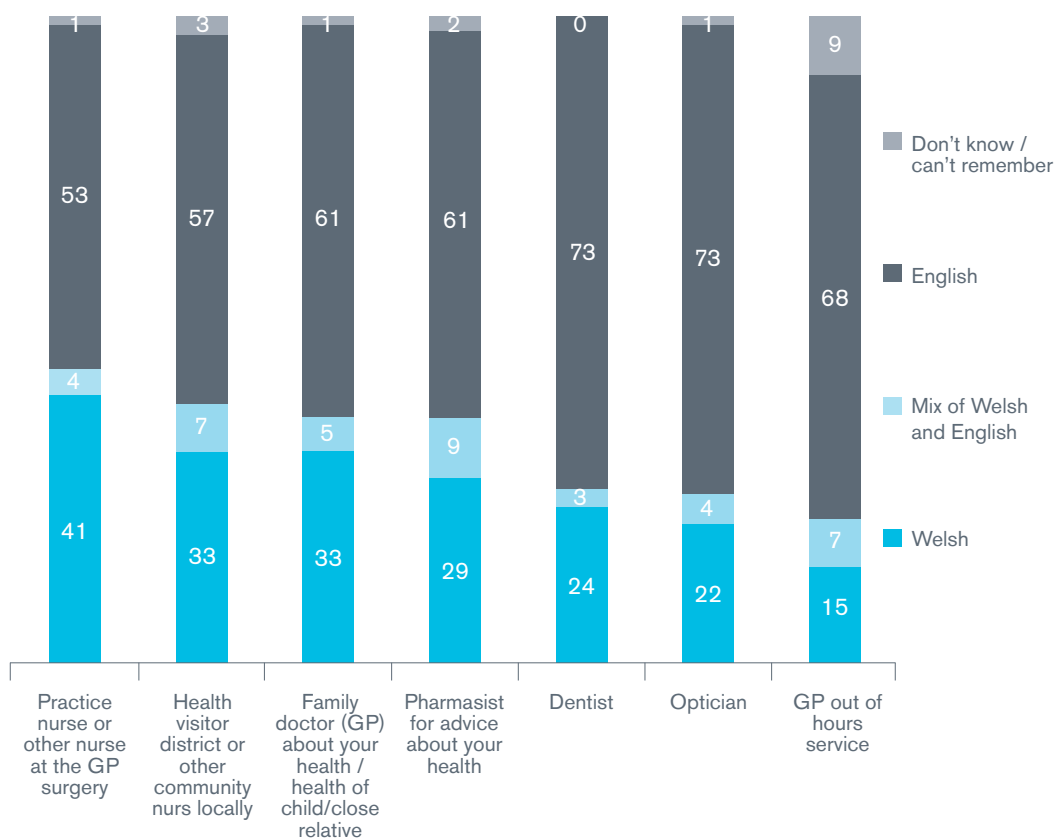
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The quantitative results of the Inquiry survey indicate that there is a gap between people's desire for health services in Welsh and the reality of their experiences.

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.

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.

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Nevertheless, there are substantial differences that are dependant 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 - no language choice exists in some places and it is available by chance in other places.

Cynog Prys notes:

'The concept of language choice can be criticised as it is a random process, that does not ensure that users receive a service in their language of choice and that is a cause for concern considering the research evidence that shows that language affects the standard of service'

'The concept of language choice can be criticised...because it places the burden of responsibility for securing services in the language of choice on the shoulders of the service user'⁶³

'A Welsh service is only available through a few individuals, and it is only through luck that you come across them' (member of the public)

'No-one has ever asked me if I would like to have a service in Welsh, I would appreciate it if someone at least asked ...' (member of the public, Cardiff and Vale University Health Board area)

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

One respondent noted the need for more awareness of the need to offer a choice of services:

'Make people more aware – especially the people who don't speak Welsh, of how important it is for people to be able to discuss things in their own language. I get the impression that they don't think about it. If you've been raised in one language, people don't realise that other people might prefer a different language.' (patient from Betsi Cadwaladr University Health Board area, evidence for the survey)

⁶³ Use of the Welsh Language in the Third Sector in Gwynedd and Carmarthenshire; Prys, Cynog; 2011

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This highlights the need to proactively offer Welsh language or bilingual services - for the provider to take responsibility to formalise and facilitate services in the patient's preferred choice of language. As well as removing the burden of responsibility from the patient, several elements are at work in so doing: In the first instance, it is an expression of respect towards the identity and well-being of the patient, and secondly and in practical terms, it is necessary information to enable the provider to record needs and plan an appropriate service.

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Conclusions

Only 28% of Welsh speakers' surveyed reported that their previous primary care service experience, in Wales, was through the medium of Welsh. The Commissioner's inevitable conclusion is that currently, services are being driven by the needs of providers and not the needs of patients.

Welsh speakers have low expectations 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 preference doesn't exist in the majority of cases and where it is, is available by chance.

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 (there are no-cost steps that can be taken in the short term, for example, providing information on national websites or Health Board level in addition to individual providers or posters in the healthcare setting itself).

Only a small minority, 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.

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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.

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Need

‘There is a need to recognise that providing Welsh language services to many people in terms of primary care is a matter of need and not a matter of choice. Language is a key element of care and the language of care is also a care need’ (written evidence to the Inquiry, Cymdeithas yr Iaith Gymraeg/Welsh Language Society, January 2014)

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Evidence received by the Commissioner from stakeholders and the public supports this view - that the primary care sector must recognise that 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 grass roots level and at policy level, based on professional values. This is outlined in the Government's strategic framework **More Than Just Words**:

‘The concept of language choice is familiar to service providers. However, the concept of language need also has to become an integral part of care services.’⁶⁴

Speaking about their typical experiences of primary care services, evidence received by Welsh speaking patients varies from those stating that they don't really mind in which language they are treated; to others who say that a few words of comfort in Welsh would make them feel more at ease; to those who state that they explain their symptoms and express their feelings better in Welsh; to those patients where it would be impossible for them to receive effective primary care unless it was in Welsh. The level of need isn't static either, it can vary according to individual circumstances, as stated by Roberts & Burton:

‘Even those who are generally fluent in both languages may temporarily lose their command of English in stressful situations and this can impact dramatically on the accuracy of assessment and quality of ongoing treatment and care’⁶⁵

Language is a means of sharing information effectively from the points of view of both sides - describing and interpreting problems and assessing health needs correctly. A great deal of international research into language needs is based on the experience of patients with limited English language skills. Apart from some particular groups of patients, the situation is somewhat different in Wales as Welsh speakers, on the whole, are bilingual. Comments received from the public include examples that highlight needs that aren't always evident to providers in cases when patients are also able to speak English.

⁶⁴ More than just Words, Strategic Framework for Welsh Language Services in Health, Social Services and Social Care; Welsh Government; 2012

⁶⁵ Implementing the Evidence for language-appropriate Healthcare Systems: The Welsh Context; Roberts, Gwerfyl. W; Burton, Christopher R; 2013

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'I spent 3 years in Trinity College, Carmarthen and received English services in the pharmacy, at the dentist and in the GP surgery. Welsh is my first language and I found it difficult to express my concerns and feelings, and because of this, I don't feel that I received satisfactory care or support.' (member of the public, Betsi Cadwaladr University Health Board area)

'I don't think my GP knows that I'd prefer to speak Welsh and therefore I don't think he recognises my needs or knows an important detail about me'. (member of the public, Cardiff and Vale University Health Board area)

The evidence of a vast number of stakeholders focussed on language needs and emphasised that language is an integral part of the quality of care experience:

'We want to make sure that people working in health and social services recognise that receiving care through the medium of Welsh is essential for many people. If you are a Welsh speaker, being able to use your own language is a fundamental element of care - it is not an optional extra.' (written evidence to the Inquiry, Macmillan, July 2013)

'Many first language Welsh speakers, who are also fluent in English, have a strong preference to speak in Welsh when discussing their care needs, emotional well-being and pain management, especially in settings and situations where they feel vulnerable e.g. when they are unwell and need to ask for and receive support and assistance.' (written evidence to the Inquiry, Older People's Commissioner, October 2013)

Vulnerable groups

Language needs in health services are discussed in detail in **Welsh in the Health Service** (Misell, 2000), where the author highlights examples of where Welsh speakers:

'cannot be treated effectively except in their first language, or in both their languages. This is especially true in the case of those receiving speech and language therapy, and for the following key groups:

- o people with mental health problems
- o people with learning disabilities and other special needs
- o older people, and
- o young children⁶⁶

⁶⁶Welsh 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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Similarly, **More Than Just Words** (2012) focuses on these groups of people:

‘These people are particularly vulnerable because their care and treatment suffers when they are not treated in their own language.’⁶⁷

Language and mental health

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 in terms of making best use of services 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. In Dr Dilys Davies’ work⁶⁸ as well as the fact that the patients become withdrawn when the doctor or nurse doesn’t speak Welsh, it is explained that the Welsh speaker is more likely to accept drug treatments and is less likely to receive effective talking therapies.

This is what one patient said on ‘Dan yr Wyneb’, a discussion programme on Radio Cymru:

‘Expression is a completely essential means and part of therapy. You don’t want to sit in front of a psychologist searching for words or worrying about syntax, you want to be able to express yourself in the most natural way possible. So I’d say that being able to have therapy and enjoy therapy in your first language is completely essential in order to get the most out of the service.’

Gofal, the mental health charity states in its evidence to the Inquiry in reference to the experience of a patient who was unable to receive Welsh language services:

‘This is extremely concerning, especially in the context of mental health services, where the ability to express emotions and discuss sensitive issues in the patient’s language of choice is of paramount importance.’

⁶⁷ More than Just Words, Strategic Framework for Welsh Language Services in Health, Social Services and Social Care; Welsh Government; 2012

⁶⁸ Within and without: the impact of cultural factors on mental health in the present day in Wales; Davies, Dilys; DR; 2001

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‘People experiencing mental health problems should not have to choose between longer waiting times for services available in the Welsh language and timely access to services through the medium of English...In our view it is entirely unacceptable for Welsh speakers to have to access health services in their second language, especially when they are in the vulnerable position of requiring advice and support for mental health problems’ (written evidence to the Inquiry, Gofal, January 2014)

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Children’s Language

‘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)

According to the United Nations Convention on the Rights of the Child, every child under 18 year of age is entitled to:

‘Get information that you can understand as long as it is safe for you to have it’.⁶⁹

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.

When Sian’s son took part in an assessment of his development with the health visitor, the assessment was held entirely in English even though her son only spoke Welsh. The health visitor asked him to complete tasks in English, Sian felt that the assessment results would have been different had the health visitor been able to communicate with her son in Welsh:

‘I’m sure that Gruff would have done better in the test, I’m sure his marks are lower than what they should be - and it would have been a true reflection of his development’.

⁶⁹ Consent in Health Care, Information for children and young people in Wales, Welsh Government

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Another parent recalls:

'I (the mother) had to translate what the dentist was saying so my daughter could understand. When I started translating the dentist turned to me, with an attitude and said "and you in the corner there, you can be quiet." So I wasn't allowed to translate for my daughter, so she didn't understand what the dentist was saying to her, and as she is scared of the dentist anyway started to get upset and was crying, a) because she was scared and b) because she couldn't understand the dentist.' (member of the public, Hywel Dda Health Board area)

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Unable to receive dental care in Welsh

Lucie lives within the Hywel Dda Health Board area and recalls the experience of taking her young children to the dental surgery, where none of the staff spoke Welsh. On her daughter's first visit, when she accompanied her older brother, she was clinging to Lucie. It was difficult for the mother to explain in Welsh what was happening –whilst trying to comfort the child at the same time. For example, she refused to sit in the chair as she was nervous and she 'didn't understand [what was going on] at all'.

'Frustrating...she would have been two and a half, and it was the first time she'd been to the dentist and she was clinging to me. lolo was sat nervously in the chair and I was trying to make sure that he understood what he was supposed to do, so it was rather stressful'.

It was disappointing that English was the only language in the dental surgery in an area where the Welsh language is 'still alive and kicking'.

Receiving dental care in Welsh

Recently, Lyn and her young children who live in the Cwm Taf University Health Board area, went to the dentist, the appointment started in English. However, she spoke Welsh with the children and the doctor commented that he also spoke Welsh.

'I speak Welsh, do you want me to speak Welsh while I treat you?'

Lyn was happy with this as continuing the conversation in Welsh had a positive effect on the children and they were able to better understand what was happening, and felt more at ease.

'The children were so comfortable, and they were sat there, they weren't nervous, they understood, they were really calm, no fuss, everything was fine'.

Health visitor's attitude to Welsh language upsets mother and child

Cris lives within the Cwm Taf Health Board area with her non-Welsh-speaking husband and three year old daughter. Cris had an appointment with her health visitor because her daughter, Nia, was due a language development assessment. Her daughter is bilingual, hearing both languages at home, and could speak in both languages, 'she was great speaking in English or Welsh'.

One of the tests in the assessment was to see how far Nia could count. She managed up to ten in Welsh and five in English. Cris recalled that the health visitor reacted by saying that the parents were confusing the child with the two languages, and that choosing one – English – would be preferable: 'using two languages was confusing the child, and just using one language – and that was English - was the recommendation'.

Cris commented:

'I was angry, I felt that I was being criticised.' She was also surprised that the health visitor appeared to be adopting this attitude towards the Welsh language: 'she wasn't open to use Welsh in any other situation - English was the only language to speak, so the child wouldn't get confused between the two languages'

This experience affected Cris' trust in the health visitor and she is now wary of opening up about how she is doing as a mum: 'experiences with people from primary care - half of it is to do with trust. If I don't trust her now, I'm not going to talk to her about any problems'.

Cris is particularly concerned about the impact of the experience on her daughter. Nia thought she was being told off and said 'sorry' to her mum. It did not cross Cris' mind to ask for a Welsh-speaking health visitor as she assumed it was not an option. She will ask in the future but, on balance, thinks that this experience was exceptional.

She says the situation is a difficult one as some would argue that the NHS has more pressing things to tackle than the Welsh language. However, she feels it's still an important factor in Wales: 'if the language is stopping people from understanding what's going on'.

She believes that people's understanding and attitude should change when it comes to the Welsh language because it's essential for the patient to have trust in the person who treats them: 'there has to be a connection between the co-worker and the person coming for whatever reason'.

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Older People

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:

'The way in which staff interact with an older person has a profound effect on that person's life. If staff assess their clinical and carer requirements effectively, find the right way to talk with them, respond to their needs, wants and fears, and treat them with respect, then the staff will help to sustain and enhance that person's self-confidence, independence of thought and action, and determination to remain as active as then can – physically and intellectually.'⁷⁰

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)

Being unable to communicate through the medium of Welsh can be an anxious experience for an older patient.

In the Inquiry survey one gentleman recalled his mother-in-law's experience. A non-Welsh speaking health professional was sent to assess the elderly woman who had multiple health problems. The woman wasn't used to speaking English, and she had to struggle to understand what was being discussed. She thought they were discussing moving her to a nursing home as she couldn't understand what was being said.

⁷⁰ Delivering Dignity; LGA; NHS Confederation; Age UK; 2012

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'The son-in-law was angry as he had to complete a long questionnaire (in English) relating to the assessment. Eventually, he decided not to complete the questionnaire, which would have led to him getting financial help to meet his mother-in-law's needs. Since the visit, his mother-in-law still thinks that she is going to be moved to a home every time somebody calls by the house'. (Betsi Cadwaladr University Health Board area)

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Dementia, Alzheimer's or Stroke Sufferers

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.

Undeb yr Annibynnwyr Cymraeg noted:

'...we are extremely concerned about the standard of assessments and care provided to elderly Welsh speakers suffering from dementia...We've heard of staff interpreting a lack of response from patients in tests where English is used, as a sign that the patient can't communicate. But had the staff spoken Welsh, the patient would otherwise have been able to respond. We fear a serious lack of awareness of the linguistic situation in general..'
(written evidence from Undeb yr Annibynnwyr Cymraeg, January 2014)

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, so Welsh language needs also need to be met in these settings.

'When they arrive at these unfamiliar places all too often there has been no forward planning to ensure they are able to speak Welsh or access information in Welsh.' (written evidence from the Older People's Commissioner, 2013)

People with learning disabilities

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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Antur Waunfawr, a social initiative providing training and work opportunities for people with learning disabilities, presenting the following evidence:

‘One of the worst examples of service failings is someone with learning disabilities and depression who understands English, but doesn’t speak it often, receiving a service in English only. No consideration of the suitability of the service and asking for the client’s views in terms of his understanding and how comfortable he is communicating and expressing himself in English’.

‘General issues based on not having enough time in an appointment to build a relationship and to gain an insight of the general needs and level of understanding of people with learning disabilities, leading to misinterpreting individuals’ situations at times’.

Furthermore:

‘The inability to speak Welsh creates a strange atmosphere and awkwardness and lack of understanding of the broader cultural context. Practitioners can come across as being more aloof because of their terminology and the use of medical language. It appears that there is no desire to address patients in simple everyday language, in a way that comforts them and makes them feel at ease. Some knowledge of Welsh would help with this. Language can be a communication barrier.’ (written evidence to the Inquiry, Antur Waunfawr, 2013)

‘We are all vulnerable’

As highlighted, there are clear cases where people are unable to receive an effective service unless it is a service provided through the medium of Welsh. The cases involve vulnerable groups as identified by Misell in 2000, and **More Than Just Words**. Individuals with a mental health condition or learning disability also visit a dentist or optician and these practitioners won’t necessarily be aware of their language needs. This emphasises the need for language awareness training to be incorporated into education and training for the health workforce, recognising that there is a team of people around a patient, so that staff and practitioners will be aware of language needs at every level. This also emphasises the need to record language needs so that information can be shared between practitioners for the benefit of their patients.

Macmillan reminds us that people fit into more than one category simultaneously and that aspects of need should not be considered in isolation:

‘For example they may have had a stroke but are also living with cancer. We would like thought to be given to the language needs of people with co-morbidities to ensure patients have consistent healthcare experience and silos in health and social care do not prevent patients accessing services through the medium of Welsh.’ (written evidence to the Inquiry, Macmillan, July 2013)

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As noted previously, individual language needs vary and primary care providers should firstly be aware of who amongst their patients are Welsh speakers and secondly, assess their need for linguistically appropriate care when they seek their service and make the most appropriate arrangements for that patient at the time.

To a certain extent, we are all vulnerable when we present ourselves at a doctor's surgery or a hospital since we are seeking help with an injury or illness, often to discuss quite sensitive and personal matters.⁷¹

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Ultimately, understanding a patient's needs ensures the most effective services for the patient that in turn ensures cost-effective results. In a blog on understanding patients' needs to benefit the service, the Bevan Foundation emphasises the importance of allocating time to find out what's important to the patient:

'The system is blind to what really matters to Dora and people like her by design. The system knows these people but doesn't understand them – much to the system's cost. Simply taking the time to understand rather than assess helps people to live the life they want, not the life the system has designed for them. They are happy, staff are happy, demand falls and the system saves billions.'⁷²

Protecting rights or meeting needs?

'Very few consumers are likely to feel able to demand their rights in such a situation, however confident they normally are.'⁷³

The question was posed during the Inquiry - whether health services should be protecting rights or meeting needs in respect of Welsh speakers.

Basic rights are associated with basic health needs and communication is central to everything:

- the patient must understand and be understood in order to establish what the problem is;
- the patient must understand the implications of the treatment and what the steps are to ensure informed consent;
- recovery is quicker in cases where the language is a key component of treatment e.g. speech therapy.

⁷¹ 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

⁷² Is Dora Dead? <http://www.bevanfoundation.org/blog/is-dora-dead/>

⁷³ 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

Part 2 – The myth of language choice?

The Human Rights Act recognises linguistic equality and it may be argued that access to a suitable and safe health service and being understood are basic rights. The connection between the basic rights and the health needs of Welsh speakers has been demonstrated by the Inquiry's evidence - from the point of view of some Welsh speaking patients, not being able to receive a service through the medium of Welsh would be contrary to these principles.

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In terms of human rights and health, the concept of patients' rights is not a new one, the Department of Health in England in its document on protecting basic rights says:

'Human rights are not given or awarded on the basis of need. Each person involved in an NHS organisation is a permanent rights holder.'⁷⁴

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. The charter, published in 2012, covers rights in terms of access, communication and participation, confidentiality, respect, safety and complaints. These rights are associated with the legal duties of the health service in Scotland to meet the basic needs of patients. Central to the charter of rights for patients in Scotland is the concept of providing transparency and assurance with respect to what the patient can expect from their health service.

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.

As seen from the evidence presented to the Inquiry, language 'choice' doesn't exist for many patients in primary care and so there are cases where needs are not being met and where patient dignity is not respected. 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.

⁷⁴ Human Rights in Healthcare, Department of Health England 2008

Part 2 – The myth of language choice?

In terms of patients' experiences, 'right' is a term used in the context of protecting patients or addressing inequalities. It's based on a sense of justice and fairness and assurance of what can be expected. The quotes below from the qualitative stage of the survey throw further light on the aspirations of some Welsh speakers:

'As a Welshman, I should be able to receive treatment with a GP who speaks Welsh. . . . I'd feel better about that, more comfortable, and that's important.' (patient from the Hywel Dda Health Board area, research participant)

'We do live in Wales after all! We should be able to receive care through the medium of Welsh.' (patient from the Cwm Taf Health Board area, research participant)

'We're Welsh, other people should make the effort to learn and speak the language. If I moved to France - I'd learn French.' (patient from the Hywel Dda Health Board area, research participant)

'I don't expect every dentist in the practice to speak Welsh...because there are many of them, but perhaps a practice should have one person who is able to speak Welsh - especially a nurse or a dentist for the sake of children and the elderly at least. That's our first language, why shouldn't we have a person who speaks Welsh?' (patient from the Hywel Dda Health Board area, research participant)

In **Hawl i'r Gymraeg** (The Right to Welsh) (2008) Gwion Lewis states:

'Even though there is a symbolic value to the statement that we all have the right to express ourselves freely, the right is actually quite limited, as it's not relevant at all from the point of view of language choices provided by our authorities.'⁷⁵

As the evidence to the Inquiry shows, the inability of many Welsh speakers to receive a Welsh language service supports this position to a large extent.

⁷⁵ *Hawl i'r Gymraeg*; Lewis, Gwion; 2008

Part 2 – The myth of language choice?

However, healthcare providers are more prepared to refer to patients' rights as it is compatible with the view that patients should to be given a central role within the service:

'All primary care settings should acknowledge that some Welsh speakers may prefer and should have the right to receive their services through the medium of Welsh. This should not be seen as an added luxury; it is part of treating the patient with dignity and respect, treating them as a whole person and acknowledging their identity.' (Written evidence to the Inquiry, Hywel Dda Health Board, September 2013)

'The more important question is 'are patients receiving good quality and safe care?'. Bearing this in mind, in areas where there are a significant number of Welsh speakers, there will be practices where dentists and their staff are also Welsh speaking and this will facilitate an appropriate level of care and understanding. Being able to communicate in your first language is a basic right.' (Written evidence to the Inquiry, the British Dental Association, August 2013)

Despite the acknowledgement of the principle that they 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 present reality of patients' experience of Welsh language services.

In **Are Language Rights Fundamental?** (Osgoode Hall Law Journal, 1987) Green states that individuals have certainty when they are free to use his/her language with dignity. If they aren't free to do so as part of their everyday lives, they are deprived of their dignity.

Gwion Lewis also states in his book **Hawl i'r Gymraeg**,

'that the dignity of the individual is the link that connects to the body of human rights that are already acknowledged, and the only thing that language rights do is extend the same logic to the linguistic context.'⁷⁶

he adds

'there is a need to emphasise the fact that Welsh speakers are being deprived of their dignity today'.⁷⁷

⁷⁶ *Hawl i'r Gymraeg*; Lewis, Gwion; 2008

⁷⁷ *Hawl i'r Gymraeg*; Lewis, Gwion; 2008

Part 2 – The myth of language choice?

Conclusion

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

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.

There is lack of clarity as to what the patient can expect, thus affecting self-confidence and dignity, and in terms of the responsibility and capacity of the service itself.

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 acts 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.

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.

Part 3 – More by chance than by design?

The second 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.

A number of organizations that responded gave an honest assessment of the situation that exists from their perspective on a national and local level stating:

'The current structures and systems do not meet the needs of Welsh language speakers' (written evidence to the Inquiry, Hywel Dda Health Board, September 2013)

'it has always been incredibly hard to get the Welsh language embedded strategically in examining how to improve services' (individual contributor)

In the previous part of the report, the focus was on the experience of Welsh speakers, and the evidence led to the conclusion that there is gap between that which should be provided and that which is provided, suggesting that there are no adequate or effective steps being taken to ensure that Welsh language primary care services are being delivered in any systematic way across Wales.

This section looks at the foundations of this. The first part of the report referred to professional awareness of the needs of Welsh speakers from the initial contact with the health service, and that primary care professionals should take steps to be attuned to those needs. This section, explores 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.

'It might be my fault that I didn't ask...!' (patient from the Cwm Taf University Health Board area, research participant)

Active Offer

In the Government's Strategic Framework for the Welsh language in Health and Social Care (More than Just Words) foundations are laid for the active offer of services. However the Commissioner is of the opinion that these steps are not far reaching enough nor provide sufficient guidance to the primary care sector.

It is necessary to look at the factors that form the basis for the need for providers to offer Welsh language services proactively. This includes the reasons behind the behaviour of service users and the context of that in particular for Welsh speakers. This section explains what is meant by a proactive offer and looks to Canada where the concept has been embedded in the health service and how it could make a difference in Wales.

Part 3 – More by chance than by design?

‘People affected by cancer have told us that they often do not ask for a Welsh language service during their cancer journey despite this being their preferred language. This is for a number of reasons...such as feeling vulnerable, uncertainty about rights and fears that this will have ramifications for their care.’ (written evidence to the Inquiry, Macmillan, July 2013)

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Dyfodol i'r laith also refer to this reluctance in their evidence:

‘Welsh speakers are reluctant to reveal themselves to be Welsh speakers, and it is a very small number of Welsh speakers who ask for service in Welsh...Services do not have appropriate ways of identifying Welsh speakers.’

‘We should also bear in mind that in general Welsh speakers speak good English and so their bilingualism and what makes them different, is concealed.’ (written evidence to the Inquiry, Dyfodol i'r laith, November 2013)

A number of organizations and service providers referred to the fact that the use made of some Welsh language services was lower than expected. However, there is not much evidence that the use of services by Welsh speakers is being measured and analysed in order to respond to those patterns of use in a proactive way. A number of organizations and providers have methods of measuring use but there is very little evidence that they consider the data for the purposes of strategically planning and promoting Welsh language services.

The behaviour of service users in general has been the subject of extensive research across the world and much has been written about understanding the behaviour of service users and how policymakers can use this understanding to influence behaviour to ensure that services are provided and used more effectively.

In a document by the Cabinet Office⁷⁸ on influencing behaviour by means of public policy, the importance is noted of understanding what affects people's behaviour when developing policy. It notes the main influences on the behaviour of users:

⁷⁸ MINDSPACE Influencing behaviour through public policy. Cabinet Office, March 2010

Some influences on the behaviour of users

- The message - we are influenced by whoever conveys the information
- Incentives - we are incentivised to respond in a way that avoids any disadvantage, negativity or loss of any kind to ourselves
- Norms - we are strongly influenced by what others do
- What is the default situation - We go with the flow - the choice has already been made for us
- Sub-conscious - our behaviour is often influenced by messages from our sub-conscious.
- Emotional influence - our emotional response and the emotional contact we make with the experience and previous experiences can affect our behaviour.
- Ego - we behave in ways that make us feel better about ourselves.

In light of the above it is already becoming apparent how difficult it is for Welsh speakers to ask for service in Welsh. When considering the historical situation in which Welsh services have not been available to the same degree as English services or that Welsh services are less evident than English services, the barriers increase - as the evidence from Macmillan suggests.

Previous research into the use of the Welsh language has highlighted factors that are acknowledged in leading people to choose or not to choose Welsh services:

- The social or cultural norm
- The dominance of English as a global language
- This confidence to speak Welsh outside usual circles or domains (e.g. with family and friends)
- The way in which Welsh services are offered (or not) and the messages associated with that - whether they are evident or beneath the surface.
- People do not want to feel embarrassed/draw attention to themselves in trying to implement language choice (going from the default language, English mostly, and having to 'opt into' the Welsh language).
- The relationship between a patient who has no power and the professional who has the power, and the influence of the language of the person holding the power in the relationship
- Previous negative experiences
- No confidence or trust in the service or the quality of the Welsh language service.

This is reflected in the evidence of Cymdeithas yr Iaith Gymraeg (the Welsh Language Society) which noted that Welsh speakers tend to have low expectations in terms of services and that this means in the first instance, that they do not expect a Welsh service and secondly that they are then reluctant to complain about lack of provision as they are vulnerable and dependent on the provider, and that they are well used to a lack of service and lack of status, historically, for the Welsh language.

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In order to gain further understanding, Beaufort Research asked participants about some of these reasons:

- The proportion of Welsh speakers whose preference was to converse in Welsh actually requesting a Welsh speaking doctor, nurse or other member of staff was low, and suggests barriers do exist for some. A reluctance to ask for fear of being seen as a trouble-maker or because asking to see a Welsh speaker might result in a longer, more drawn-out process are two barriers evidenced in responses to two statements within the survey:
- More than a third (36%) of all Welsh speaking primary care service users agreed with the statement **'If I ask for a Welsh-language service when dealing with professional health care workers I worry that I will be labelled a difficult person'** (51% disagreed). Those most likely to agree with this statement were those who described their health as bad or very bad (42% agreeing), those living in Health Board areas in South and Mid Wales (42%) and those with children aged under sixteen (39%)
- More than half (53%) agreed that **'If I ask for a Welsh-language service when dealing with professional health care workers I worry that it would make the process a longer one'** (33% disagreed). Concern about the possible impact on timescales was particularly marked amongst those living in South and Mid Wales Health Board areas (where Welsh is less widely spoken), where agreement rose to 61%. Agreement was also high amongst those with children under sixteen (at 56%).

Among the case studies, John and his family (Hywel Dda Health Board region) were asked on registering with a dentist which language they would like to use. The family was happy with this active offer. John says that in relation to his children, language choice does affect their care because they would struggle to explain themselves properly in English.

'The children would have a problem explaining the issue in English and maybe this would create a problem, it would have an impact on the treatment'

Developing a more in-depth understanding and analysis of the behaviour of Welsh speakers would help providers to plan services; there is a clear need for a deeper understanding on the part of policymakers and service providers of the importance of promoting and facilitating Welsh language or bilingual services. 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.

The experience and opinion of patients

For the Inquiry survey Beaufort Research asked what people's experience was of being offered a service in the Welsh language.

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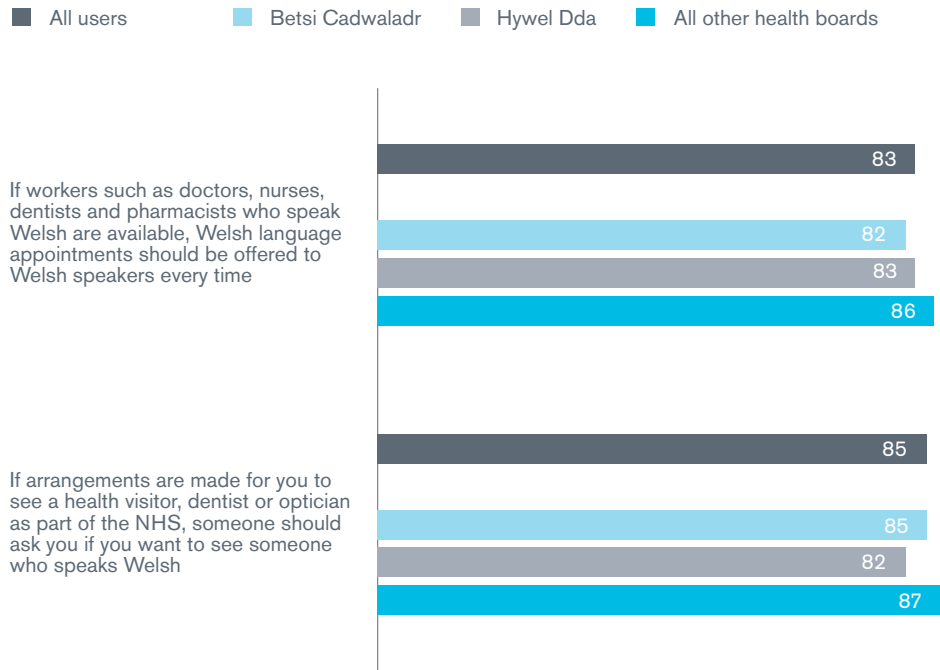
Users of primary care services (with the exception of users of pharmacies and NHS Direct Wales) were asked if they had been offered the option to see a Welsh speaking member of staff, either when they contacted the service initially to make an appointment, or when referred. Only in a very small proportion of cases (fewer than one in twenty) did users say they had been offered a Welsh language service at the point of contact. Participants who had conducted their last conversation in Welsh or in a mix of Welsh and English were slightly more likely on the whole to say they had been asked if they would like to see a Welsh speaking member of staff when they made their appointment.

Moreover, the proportion of service users themselves requesting a Welsh speaking doctor / nurse where one was not actively offered to them was also very low, despite their preference for using Welsh in such situations. This ranged from 4% in the case of dentists to 7% for family doctors. Again those who had used Welsh or a mixture of Welsh or English in their last interaction were more likely than was the case overall to have asked for a doctor or relevant health professional who spoke Welsh. Looking at the data in more detail, Welsh speakers who learnt the language at home are much more willing to ask for a Welsh speaker if one was not offered. As far as those who learnt Welsh at nursery, at school or later are concerned, it appears that matters involving confidence, habit, expectations, culture and previous experiences can influence this.

As the first part of the report demonstrates, even though 28% of Welsh speakers' contact with primary care services takes place in Welsh, only between 3-6% were given the offer of a service or appointment in Welsh. These figures suggest that the present primary care services have the potential to close this gap in experience - there is provision there which can be offered to patients.

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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 everytime.'

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What does an active offer mean in practice?

To some, 'active offer' sounds like some new idea or strategy but it is not a new concept and as mentioned the principle of an 'active offer' is one of the elements of the Welsh Government's strategic framework **'More than just Words'**:

'However, a more proactive approach to language need and choice is needed, with the responsibility for ensuring appropriate services transferred from the user to the provider.'⁷⁹

During the Welsh Language Measure's journey in 2010, Professor Colin Williams gave evidence to the Legislative Committee about the need to ensure that an active offer is a central part of the provision of services in Wales. He referred to the situation in Canada, noting that in Wales:

'The citizen, whether by experience or expectations, psychologically or hypothetically knows that English is stronger than Welsh in all parts of Wales. Therefore, unless there is an active offer to encourage people to ask for services in Welsh, and then to use that service, the old pattern of inconsistency will remain.'⁸⁰

According to the Consortium Nationale de Formation en Santé (in a document that outlines a referral framework on active offer training in French in health services):

'The active offer of quality French-language health services represents a global approach to health service delivery...Starting with an approach centred on the patient and his or her dignity and rights, active offer requires collective accountability from the entire healthcare system. Active offer is an act of professional ethics, a demonstration of transformational leadership that mobilizes the resources and efforts of all elements in the healthcare system to ensure the entire Canadian population is treated fairly and equitably in all healthcare matters.'⁸¹

According to Cymdeithas yr Iaith Gymraeg, the active offer of services is fundamental:

'Moving towards an active offer is a vitally important step. It means that users will be offered the chance to use Welsh or English (or both languages) when they start using the service, rather than there being a presumption of English as the initial language and that users have to ask for a Welsh service; that choice should then be respected throughout the service. Everyone can make that offer of course, whether they speak Welsh or not.' (written evidence to the Inquiry, Cymdeithas yr Iaith Gymraeg, January 2014)

⁷⁹ More than Just Words, Strategic Framework for Welsh Language in Health Social Services and Social Care; Llywodraeth Cymru; 2012

⁸⁰ Evidence to the Legislative Committee by Professor Colin Williams; on the Welsh Language Measure, 2010.

⁸¹ Consortium Nationale de Formation en Santé; document that outlines a referral framework on active offer training in French in health services

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The last point made by Cymdeithas yr Iaith Gymraeg is also important - this is not a responsibility for Welsh speaking staff only, it is a matter of the professional mindset and ethics on the part of all associated with the provision of primary care, as noted above.

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Language awareness training goes part of the way towards assisting professionals to appreciate the historical context of the status of the Welsh language and the complexity of 'choosing' a Welsh service from the point of view of the user, but awareness in itself does not solve the problem. There is a need to ensure a consistent and systematic method of offering Welsh or bilingual services actively. There is room also for providers to consider their role in increasing people's confidence and trust in their services by promoting the provision and supporting use.

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 trend 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.

Active offer in Canada

The active offer of services in French or English is a statutory requirement that has been incorporated into Canada's Official Languages Act. Under this Act, authorities have a statutory duty:

'To ensure that appropriate measures are taken, including the provision of signs, notices and other information on services and the initiation of communication with the public, to make it known to members of the public that those services are available in either official language at the choice of any member of the public.'⁸²

In a comprehensive study of active offer in the justice sector, the authors Cardinal and Sauvé outline the nine clear actions needed to ensure an effective and systematic active offer:

- Recruit competent bilingual personnel
- identify or create bilingual positions;
- increase employees' French Language Services awareness;

⁸² Official Languages Act Canada 1969

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- develop training for employees;
- integrate FLS from the first stages of planning for government services;
- consult and include francophone partners;
- make people accountable;
- develop tools and resources;
- identify ways of promoting services among the francophone population.⁸³

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A great deal of step by step planning is therefore needed, but examples of good practice can already be found in the primary care sector in Wales e.g. cases in which a choice of service is offered, use is made of laith Gwaith (Working Welsh) badges and signs indicating where Welsh is spoken by staff.

In considering the steps for developing an ‘active offer’ in Wales, it is worth noting the comments of Cardinal and Sauv  on the concept of a ‘passive offer’:

‘a passive offer can create a less conducive and less favourable climate for exercising one’s rights to FLS. In fact, even if the service is available in an organization, francophones are at risk of not noticing it unless it is actively and verbally promoted or if they do not feel comfortable asking for it’⁸⁴

In 2009 research by the Canadian Institute for Research on Linguistic Minorities showed how crucial a visual active offer is. According to the research, 53% of French-speaking Nova Scotians said it was highly likely that they would ask for a service in French if the person was wearing a badge indicating that he or she was bilingual. This fell to 14% if there was no visual active offer.

In Wales, a number of those interviewed for the Inquiry survey explained how it would be possible for primary care providers to make further efforts.

Many case study participants spontaneously suggested that more could be done among primary care service providers to provide a more active offer of services through the medium of Welsh. The idea of the Welsh speakers’ badge was regularly put forward to help those service users who did not feel comfortable asking staff if they spoke Welsh. The badge would give them automatic permission to do so, ‘without having to guess’.

‘It would be one less thing [to worry about], if we were offered the service and didn’t have to ask for it . . . especially for someone young or for someone who’s older, especially when it’s related to health, if you’re ill it’s very stressful isn’t it?’ (patient Betsi Cadwaladr University Health Board area)

⁸³ From Theory to Practice: Mechanisms for the Offer of French Language Services in Ontario’s Justice Sector; Cardinal, L. & Sauv , A.; 2010

⁸⁴ From Theory to Practice: Mechanisms for the Offer of French Language Services in Ontario’s Justice Sector; Cardinal, L. & Sauv , A.; 2010

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‘And that the staff are offering both languages without the customer having to ask. Having the choice is extremely important.’ (patient Hywel Dda Health Board area)

Indeed one participant discovered by chance that a member of staff at the pharmacy she uses was a Welsh speaker. They both agreed on the benefits of encouraging Welsh speakers to use the language in the pharmacy and the participant suggested that the pharmacist should wear a badge showing that he could speak Welsh. The next time the participant visited, the pharmacist had taken the step and was wearing a Welsh speakers’ badge.

‘And I thought you should have a badge, and we had a chat then in Welsh because he knew people that I knew, and when I went back he was wearing a badge.’ (patient Cardiff and Vale University Health Board area)

Other suggestions included:

- o Actively informing pharmacy users how they can access the service in Welsh; or more broadly, find some way of informing Welsh speakers which practices or primary care services in the area are available in Welsh; this suggestion was more likely to be made in those areas where less Welsh was spoken;

‘Knowing beforehand, giving the information out that would help, I’m sure, and would be one barrier less.’ (patient Betsi Cadwaladr University Health Board area)

- o Surgeries or dental practices actively making it clear to patients which doctors or dentists speak Welsh or whether or not the practice offers this service; and if the service is available, the times and dates that Welsh-speaking practitioners are available:

‘Say that this one does [speak Welsh], and the other doesn’t – they can explain doctor A, B or C is the person for you.’ (patient Betsi Cadwaladr University Health Board area)

‘Advertise more clearly what times the surgery is open, which doctors are there during the opening hours, what language they speak.’ (patient Hywel Dda Health Board area)’

- o Receptionists at surgeries or dental practices to speak Welsh so that the first contact helps to put the Welsh speaker at ease; or at least greeting patients in Welsh which creates an initial, positive rapport:

If you have that first contact [in Welsh], perhaps you wouldn’t expect as much from your doctorthat would make people feel more comfortable.’ (Powys Teaching Health Board)

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'The first contact especially should be bilingual!' (patient Hywel Dda Health Board area)

'If you rang them up, and made an appointment in Welsh, that would be better, you'd tend to think that the Welsh language was more important to them, then.' (patient Cardiff and Vale University Health Board area)

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- Practices and pharmacies making more of an effort in providing bilingual appointment cards, signage etc;
- Pharmacies labelling medicine bilingually.

A lack of Welsh language signage and bilingual material around surgeries and pharmacies was noted by many participants in the follow-up interviews (for example in Powys, Hywel Dda, and Abertawe Bro Morgannwg Health Boards), and was considered to be a relatively straightforward way of encouraging more use of Welsh.

One participant felt that the area of Powys in which she lived was more bilingual than some might think, and that the local GP surgery should at least make an effort to reflect this with bilingual material.

'I was there this morning, and not even the posters were bilingual, the forms weren't bilingual. There are some available from the NHS, but the ones they've put together themselves are just in English. There is no bilingual identity there.'

As stated elsewhere, many participants spontaneously suggested that badges should be used to highlight which staff were Welsh speakers.

'Wear bilingual badges that show when staff can speak Welsh – especially in the health service because more people can speak Welsh.' (patient Abertawe Bro Morgannwg University Health Board area)

Information for patients about services

As in Canada, one element of actively offering services is to ensure that information about Welsh services are available to patients and that those services are promoted.

According to Optometry Wales:

'We believe that the barriers to Welsh language provision with our own health care setting is one of lack of knowledge (from the patient and practitioner perspective) about what access is available for patients' (written evidence to the Inquiry, Optometry Wales, January 2013)

They share the opinion, with a number of other stakeholders, that clear, accessible information is needed regarding where it is possible to obtain service in Welsh

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- for providers so that they could carry out their responsibilities of being responsive to the needs of patients and referring them to the most appropriate
- provision if they were unable to offer service in Welsh for patients so that they may make the most appropriate decisions for them.

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This was especially relevant to optometric and pharmaceutical services where patients have more freedom of choice of services on the high street.

'We do not believe that the current system is in the best interests of the patient' (written evidence to the Inquiry, Optometry Wales, January 2013)

The BMA adds to the point that there is a need to facilitate the provision of information to patients about where it is possible to obtain services through the medium of Welsh by noting:

'Similarly it may also be beneficial to improve the availability of such information in relation to doctors working in secondary care, as this may assist GPs in referring such patients on to specialists who may be Welsh-speaking!' (written evidence to the Inquiry, BMA, September 2013)

In the Assembly's Health and Social Care Committee's Inquiry in 2012 into the **'Contribution made by community pharmacies to health services in Wales'** the report stated:

'The Committee recommends that the Welsh Government improves the communication mechanisms it uses to inform the general public about the services available at any individual community pharmacy. To this end, we recommend that the Welsh Government makes it an obligation for all community pharmacies to place a prominent notice in their premises identifying the range of services available in that pharmacy.'⁸⁵

This recommendation was accepted by the Welsh Government noting the need to work with contractors to strengthen these procedures. The Commissioner is of the opinion that this should include clear information on which services are available bilingually.

Some information already exists regarding the language skills of GPs within certain surgeries which can be found via the websites of Health Boards or NHS Wales and the Commissioner is also of the opinion that there is a need to expand this information to include which skills are available across the team in the surgery or centre.

⁸⁵ Inquiry by the Assembly's Health and Social Care Committee's into the Contribution made by community pharmacies to health services in Wales; 2012

Part 3 – More by chance than by design?

Not everyone uses the internet and so providers need to ensure that clear, convenient information is available in different formats.

Although some information is available, it appears that it is not being promoted - in the Inquiry survey it became obvious that this was an important matter.

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Sizeable proportions of Welsh speakers who had used English in their most recent interaction with a primary care provider (even though their preference was for Welsh or a mix of Welsh and English) were not aware if there was a Welsh speaking doctor, nurse or other relevant health professional at the practice. The proportion answering 'don't know' ranged from almost a fifth (19%) in the case of GP surgeries up to half (48%) for opticians.

At the same time, between 14% to 38% of primary care service users who'd carried out their last conversation in English (but whose preference was for Welsh or a mix of Welsh and English) were aware that there was a Welsh speaking health professional within the practice.

Furthermore, over two fifths (42%) of respondents agreed that they **'wouldn't know how to find a doctor, nurse, dentist or pharmacist who speaks Welsh in my area'** (47% disagreed). The proportion saying they agree with this statement was particularly high (66%) in Mid and South Wales Health Board areas.

When prompted with some statements relating to the availability and visibility of Welsh language primary care services, very high levels of agreement were displayed. Between eight in ten and nine in ten service users agreed that:

'Opticians and pharmacists should display posters in their shop window to show which services they can offer in Welsh' (89%)

'The Local Health Board website should contain details about the ability of every optician, dentist, pharmacist and family doctor / GP to speak Welsh' (81%)

Those based in South and Mid Wales Health Board areas were more likely to endorse the need for more marketing and promotion of Welsh language services available from primary care providers than those living in Betsi Cadwaladr or Hywel Dda regions.

Information on patients

'Unknown needs cannot be met; and provision cannot be made for the Welsh speaking patient who has not been identified as a Welsh speaker.'⁸⁶

⁸⁶Welsh 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

Part 3 – More by chance than by design?

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, for example.

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‘There is no uniform approach across primary care as to how language preference should be recorded. This matter has never formally been seen as a requirement within health boards and therefore has not been embedded in systems or procedures. This would require guidance at a national level as to where the information should be recorded and how this should be transferred as part of the medical records.’ (evidence from Aneurin Bevan University Health Board, 2013)

Hywel Dda Health Board confirms this as something that would facilitate the patient’s journey through the health service:

‘Most referral cases (95%) start their health journey at the GP practice and therefore it would make perfect sense to record language preference at this stage. However to date, the IT infrastructure within primary care does not allow for this...Patients are more vulnerable and fragile when they come into contact with acute settings and therefore understanding the patient’s language preference could make a huge difference to the patient’s well-being’ (written evidence to the Inquiry, Hywel Dda Health Board, September 2013)

The results of the survey show that one in five Welsh speakers stated that they did not know whether a doctor or nurse in the practice spoke Welsh (this figure rose to half the Welsh speakers stating that they were not sure whether an optician in the local practice spoke Welsh). Therefore there is lack of clarity in terms of what services are available and also which service users are Welsh speakers and those that need a Welsh or bilingual service.

In the opinion of Dyfodol i’r Iaith:

‘One of the first steps, therefore, would be for all surgeries, dentists’ surgeries and other primary care locations to keep records of the linguistic needs and preferred language of patients on their files and electronic records.’ (written evidence to the Inquiry, Dyfodol i’r Iaith, November 2013)

Part 3 – More by chance than by design?

The Betsi Cadwaladr University Health Board reports that work is underway between officers of the Health Board and practice managers to raise awareness of the fact that it is possible to record the first language of patients on some systems.

It is understood that patients will be able to update their personal records with the local surgery through My Health Online to include language. This is very useful for the person who uses the internet and who wishes to be proactive in providing information about their linguistic needs to the health service.

The Commissioner does not believe that these steps are adequate as they do not ensure systematic information on local population and neither do they provide for the most vulnerable patients with the most acute language needs.

With the expansion of the provision of community pharmacies and the common ailments service, one development as a result of this will be the maintenance of a register of patients in pharmacies. The purpose of the service will be to enable pharmacists to treat common ailments, provide advice and support to patients and provide free medication as part of the service. Ensuring that the linguistic needs of patients are recorded as they register for these services would also facilitate the process of meeting communication needs.

Conclusion

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.

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.

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.

Part 3 – More by chance than by design?

Current Welsh language and bilingual provision should be identified and offered - this initial step doesn't involve 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.

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

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.

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, this is very apparent in the Inquiry's evidence. 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, updating their records and also in referring primary care patients for further treatment within the health service. Any developments in technology should facilitate the provision of bilingual primary care.

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.

Part 3 – More by chance than by design?

The message from stakeholders across the entire sector is consistent: the main challenges facing primary care services in Wales are an increasingly ageing population, more and more people living with chronic conditions and loneliness, challenges in terms of providing effective services in rural locations, and all this in the context of financial constraints. In the context of the Welsh language, it can be seen how vital it is to safeguard and strengthen bilingual primary care provision especially in the context of an ageing population and the difficulties of providing effective services in rural areas.

Service Planning

The Welsh Government determines the national framework for health policy in Wales and the Minister for Health and Social Services is responsible for the NHS in Wales. The Health Boards plan and provide health services in their areas including primary care services and they are accountable to the Minister. There are also three Trusts, Welsh Ambulance Services, Public Health Wales and the Felindre Trust for cancer services.

Most of the professional bodies representing doctors, pharmacists, nurses etc. have representation in Wales in order to provide a voice for their members in Wales.

Services are regulated by a combination of functions at UK and Wales level. The Welsh Government sets out standards for the health service and the clinical elements of those standards are based on standards published by professional health bodies (e.g. the General Medical Council, the Nursing and Midwifery Council, the General Pharmaceutical Council).

Healthcare Inspectorate Wales reviews and inspects NHS and independent establishments on behalf of patients, the public and the Welsh Government to ensure the quality and safety of health services in Wales. Healthcare Inspectorate Wales is also responsible for conducting reviews and investigations if it comes to light that there are failures in services.

Professional bodies such as the General Medical Council maintain and inspect a register of practitioners and ensure that they reach the requirements set out by the body.

Primary care in Wales - the experience of Welsh speakers

The results of the survey presented a picture of the extent of the Welsh language provision in primary care.

Part 3 – More by chance than by design?

In terms of the experiences of those Welsh speakers surveyed, dentists and GPs were the primary care services with the highest levels of usage overall – each had been used by around three in four Welsh speakers in the sample within the last twelve months. Around half had used an optician, over four in ten a practice nurse or other nurse at the GP surgery and just over one in four had obtained advice from a pharmacist regarding their health. Other primary care services such as health visitors, the NHS Direct Wales telephone helpline and GP out of hours services had been used recently by much smaller proportions of the sample (around one in seven).

As might be expected some differences in service usage were evident by age: younger people (aged 16 to 34) were most likely to have contacted NHS Direct Wales, their GP out of hours service and sought advice from a pharmacist than other age groups; in contrast, older people (those aged over 55) were most likely to have seen a practice nurse or other nurse at the GP surgery and to have used an optician, but less likely to have seen a dentist in the last twelve months than other age groups.

It was 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.

To elaborate, by looking at the language used on the last occasion, it can be seen that the majority of recent conversations held by Welsh speakers with primary care service providers were conducted completely in English. This was the case across every service, with use of English ranging from 53% (in the case of practice nurses) up to 73% (for opticians and dentists). See figure xx.

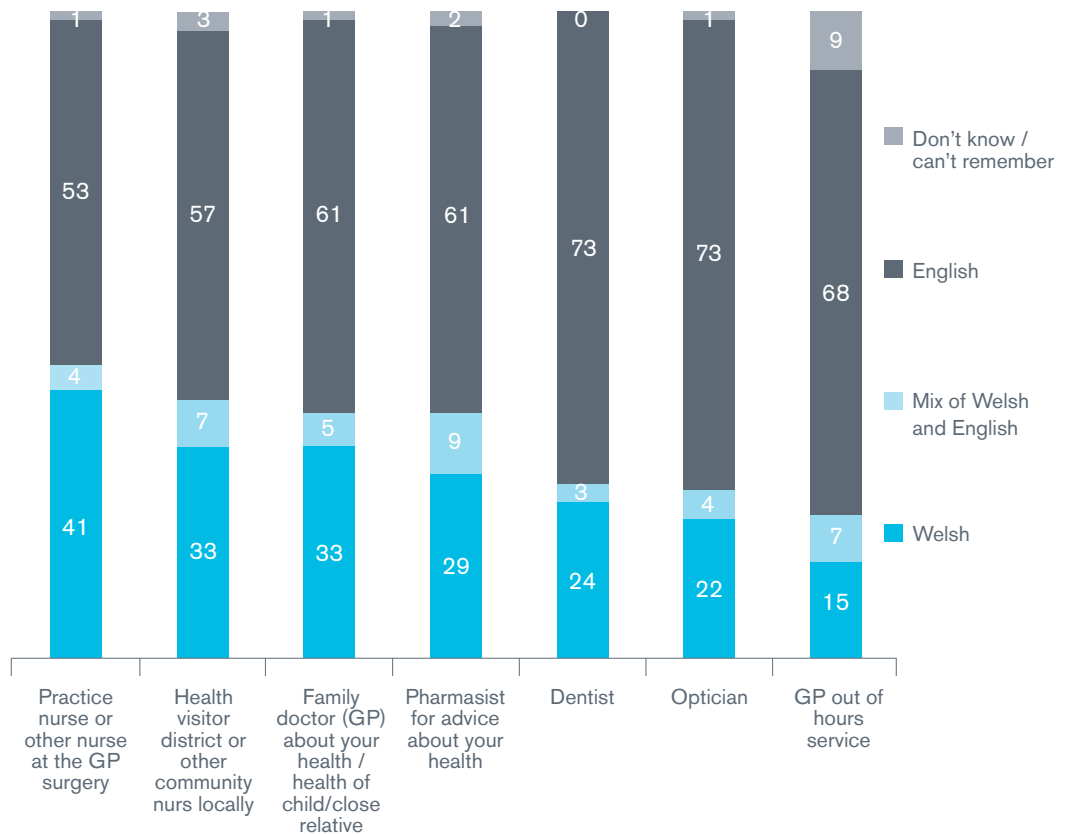
Although still in the minority, Welsh was used more often for conversations with practice nurses and other nurses at the GP surgery, with health visitors, district and other community nurses and with GPs than was the case for conversations with other primary care service providers. In the case of these services around a third to four in ten of the most recent interactions were conducted completely in the Welsh language.

In contrast, Welsh was least likely to have been used when interacting with GP out of hours services, opticians, dentists and pharmacists. Fewer than three in ten users of these services in the last twelve months (15%, 22%, 24% and 29% respectively) had held their most recent conversation in Welsh.

Part 3 – More by chance than by design?

A small proportion of conversations were also conducted in a mixture of Welsh and English. This was highest in the case of interactions with pharmacists, health visitors, district and other community nurses and the GP out of hours service, but was low overall (between 3% to 9%).

Figure 3: 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: 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.

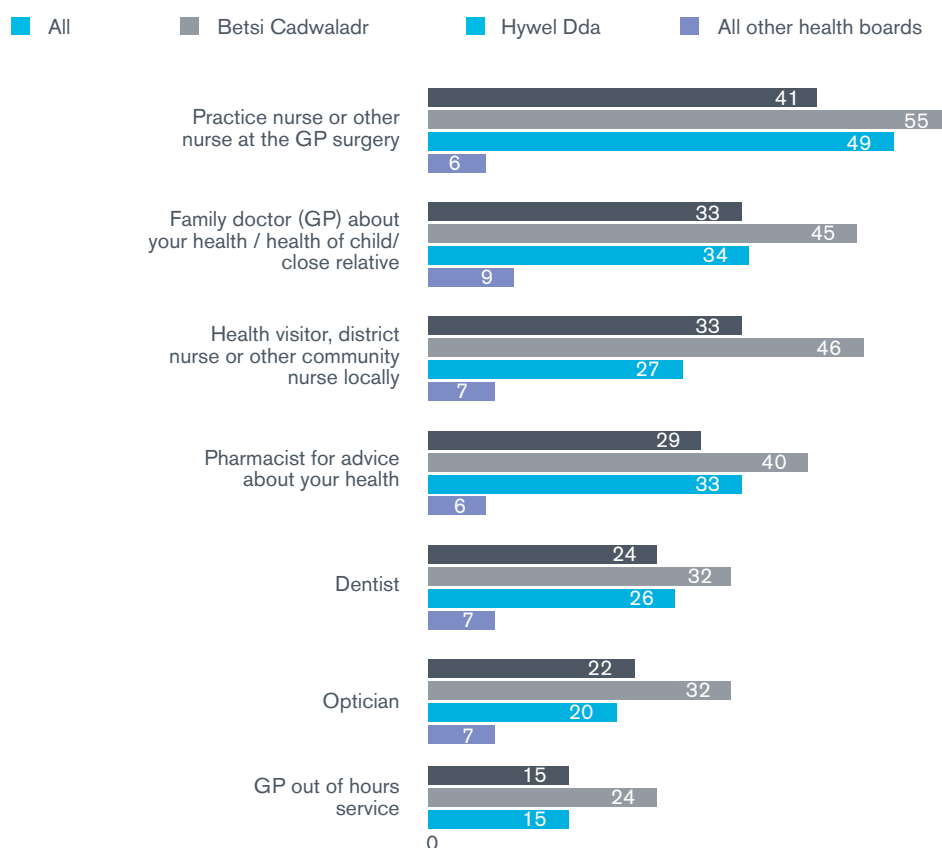
Turning to patterns of language use by region in interactions with primary care providers, the survey shows that Welsh was more widely used in conversations with health professionals in the Betsi Cadwaladr University Health Board area than in any other area of Wales. The higher proportion of Welsh speakers living in this region may result in a greater availability of Welsh speakers in primary care roles there. Even so, only in the case of appointments with practice nurses or other nurses at the GP surgery was Welsh spoken in over half the most recent primary care interactions (in 55% of cases), with usage of Welsh ranging from 24% to 46% for other primary care services. As was the case overall, the incidence of Welsh conversations in this area was lowest for GP out of hours services, opticians and dentists.

Part 3 – More by chance than by design?

The proportion of conversations in Welsh in Hywel Dda Health Board area was lower than in Betsi Cadwaladr but considerably higher than in Health Boards covering other parts of Wales. Outside Betsi Cadwaladr and Hywel Dda areas, only very small proportions of Welsh speaking service users' recent conversations with primary care service providers were conducted in Welsh (between 6% and 9%).

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Figure 4: Language of primary care interactions by Health Board Area
(% using Welsh in last conversation)



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).

Those who grew up in Welsh speaking homes were most likely to have used Welsh in their last interaction with all primary care service providers, whilst younger people (16-34s and especially 16-24s) were the least likely to have done so.

Part 3 – More by chance than by design?

Planning bilingual services?

Health Boards are responsible for ensuring the availability of appropriate primary care services for their local population.

Primary care services are mainly delivered by independent providers. A range of practitioners and organizations provide primary care services, a number of them as part of surgeries (General Practitioners, practice nurses, therapists). Others provide services in dental surgeries, pharmacies, ophthalmic services. Among other key staff associated with primary care services are district nurses, midwives, health visitors. In addition, NHS Direct Wales serves as a first point of contact for a number of people, referring patients to the most relevant location for treatment when necessary.

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. Public Health Wales also has a key role in informing the planning of services.

The development of 'GP clusters' or locality networks in health board areas are a policy aim of the Government that is outlined in 'Setting the Direction'⁸⁷ a vision in which GP clusters work together and with partners across an area to meet local needs and develop services in the community for populations of between 30-50 thousand patients. These networks would jointly plan services and work based on the new Quality and Outcomes Framework (QOF) which incentivises general practitioners and their teams to collaborate with others in the network or cluster to develop and improve local care systems.

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.

In evidence to the Inquiry, Public Health Wales sets the context:

'Many other people working in the public health system in Wales are currently engaging with primary care and this is increasing as the policy imperatives shift further towards prevention, early intervention, co-production and self management for chronic conditions.' (written evidence to the Inquiry, Public Health Wales, January 2014)

⁸⁷ Setting the Direction, Primary & Community Services Strategic Delivery Programme; Welsh Government; 2010

Part 3 – More by chance than by design?

Co-production is increasingly common in other areas in order to improve services. It requires a new balance between providing primary care to patients, ensuring that those patients play an active role in managing their health and ensuring support for it to succeed.

In his evidence to the Panel, the Minister for Health and Social Services also notes the integration of services as an opportunity:

‘A valuable opportunity is ‘co-production’. Through developing services and taking the opportunities to improve health outcomes at all levels - from personal engagement with clinicians to community health planning – through a full partnership between the public and those with formal responsibility for the services.

This potentially has a number of benefits –

- extending the range of aspects of health care where the language can be heard and discussed
- designing Welsh language provision into encounters with the NHS as a matter of routine
- strengthening the trust between staff and the public reducing the diffidence that might inhibit either party from using the language, because the situation seems too formal
- it would intensify and improve communication, allowing the language to be used in a wider variety of locations.’
(written evidence from the Minister for Health and Social Services, Mark Drakeford, December 2013)

The Panel noted that these changes offered a number of opportunities, for example as all the numerous points of access to health services converge for the patient in a more convenient way, it can be ensured that the main access points provide more consistency in terms of organizing or recruiting bilingual staff to those locations and actively offering a Welsh or bilingual provision at those points.

One contributor noted that there was a need to move away from the present situation to concentrate on needs:

‘It’s very much supply induced demand as opposed to needs driven demand’

As services are increasingly ‘personalised’ and tailored towards meeting individual needs there are opportunities to configure Welsh language services differently to the mainstream English-medium services (reality for the majority of Welsh speakers as the Inquiry survey shows), giving a central focus to the language medium of the service.

Part 3 – More by chance than by design?

The Chief Medical Officer suggested in her oral evidence to the Panel that the developments in primary care allowed for innovation:

'Innovation comes from people saying 'I'm going to try that' it's not legislation it's people realising they serve the needs of their customers.' (oral evidence to the Panel, Dr Ruth Hussey, Chief Medical Officer, February 2014)

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Another strength was the process of empowering the patient to be more of a partner in his/her care plan - once again giving consideration to the whole person and finding out what can be done to facilitate improvement. The patient is an expert on his/her own health and facilitating the patient's voice within the process is crucial. Jointly planning a care pathway with the patient is a positive process to facilitate use of the language for clinical benefit. It was noted that the credibility of this process began with language.

Similarly noted by the Chief Medical Officer for Wales in her oral evidence to the Panel:

'The language is a part of the co-production conversation.' (oral evidence to the Panel, Dr Ruth Hussey, Chief Medical Officer, February 2014)

As noted above, the success of any service depends on identifying language needs and those needs associated with the individual's language and key to that process is an active offer and recording the language of patients and acting on that information.

Public Health Wales works closely with primary care providers and offers support to this sector. They also note possible opportunities and the need to develop support and advice for the sector as services change in the future:

'We recognise that there is scope to do more. We are in a position where we may be able to influence primary care providers with regard to the Welsh language...information or advice on Welsh language matters could be incorporated in the products, training or assessment tools intended for our target audience. For example we have evidence showing that when a patient understands their disease and its management, this improves adherence to management plans and therefore improves health outcomes. This understanding comes from effective communication between the health practitioner and the patient. Where some patients are concerned, using the Welsh language is key to effective communication and understanding.' (written evidence to the Inquiry, Public Health Wales, January 2014)

Part 3 – More by chance than by design?

Also, the third sector has an increasing role. Macmillan notes

‘Given the current climate of integration of services, more thought needs to be given to how the voluntary sector can be involved in the strengthening of Welsh language services to ensure a seamless treatment and care pathway. For example community language profiles, training, research, good practice, guidance on auditing Welsh language skills of the workforce could all be shared with the voluntary sector.’ (written evidence to the Inquiry, Macmillan, July 2013)

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The Older People's Commissioner also refers to the change to more integrated services as an opportunity for staff as well as patients and a means to keep Welsh speakers within their communities with more career opportunities:

‘Exciting developments including integrated health and social care functions in local community locations, in the home and in hospitals and care homes too will create opportunities for staff who can speak Welsh to further develop their career and continue to work in local communities and in the language of their choice.’ (written evidence to the Inquiry, Older People's Commissioner, October 2013)

Listening to patients in order to plan services better

There is a need to consider the needs of Welsh speaking patients in planning services on a number of levels.

The Minister told the Inquiry Panel

‘There is a need to acknowledge what the people using the services tell us...we can learn a great deal when patients feed back to us on the best way of doing things. Sometimes they ask for small things which make a big difference.’ (oral evidence to the Panel from the Minister for Health and Social Services, Mark Drakeford, December 2013)

The Panel welcomed the fact that the Government was mainstreaming the Welsh language more into patient surveys and questionnaires (e.g. Welsh Health Survey). They also welcomed the examples received of Community Health Councils conducting patient satisfaction surveys either including questions about bilingual services or specifically regarding primary care services through the medium of Welsh. However, the Panel noted that there was a need to increasingly mainstream the Welsh language into patient questionnaires and surveys both nationally and locally (e.g. such as the on-line questionnaire in the Abertawe Bro Morgannwg Health Board area ‘You Tell Us’) and that it was important to monitor and evaluate methods of asking questions to Welsh-speaking patients and subsequently to monitor the information received and the way the information is fed into service planning actions.

Part 3 – More by chance than by design?

The Panel highlighted the need to hear the voice of Welsh-speaking patients when planning primary care services for the future so that the ethos of co-production of care starts with planning a language appropriate service in the first instance, leading to more innovation and less cost.

NHS Direct Wales

At the beginning of 2014, it was reported that the number of people using the Welsh language NHS Direct Wales line was low. It was seen that use of the Welsh option was decreasing every year.

As the first contact point for a number of people for health advice, a question about the experience of Welsh speakers with this service was incorporated in the Inquiry survey.

Although only a small sample of the 1,010 Welsh speakers used the service during the last 12 months (137) the results provide a snapshot of experience:

- Only 40% selected the Welsh option (among the reasons: better to discuss in English; another member of the family unable to speak Welsh; expecting the English service to be quicker)
- Of those, 58% had the initial conversation in Welsh.
- Of those who were then referred on (73%) only slightly over half received a service in Welsh.
- 16-34 is the age range that made most use of the service.

This suggest that nearly half of NHS Direct Wales users that requested a Welsh language service did not receive this service last time, either whilst dealing with the first individual who took their call or the second individual to whom they were directed. When asked whether anyone explained why they did not receive the service in Welsh, the majority (14 individuals out of the 25 to whom this was relevant) said that they did not receive any explanation, but a few (three individuals) were told that they were busy.

Officers of the Welsh Language Commissioner have been in discussion with Welsh Ambulance Services NHS Trust following the publication of this data and the Trust is investigating the issues that have arisen.

Bearing in mind the Welsh Government's intention to introduce a new service for patients (111) it is important to consider Welsh speakers' experience of the existing service in order to ensure the credibility of a completely bilingual service from the outset.

Conclusions

At present, evidence suggests that primary care services are generally configured in a monolingual way with only 28% of those speaking the Welsh language reporting that they had received the service in Welsh and less than 6% being offered a service in Welsh.

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.

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.

Part 3 – More by chance than by design?

As part of the terms of reference the Inquiry explored the legislative and policy framework as a background to the delivery of bilingual primary care services in Wales. The aim was to inquire about the adequacy and implementation of relevant legislation, policies, standards and codes of conduct in the context of the Welsh language and the provision of primary care in Wales.

Legislation and policy

In terms of the Welsh language, health services come under several pieces of legislation and key strategies.

The Welsh Language Act 1993⁸⁸ placed a duty upon health sector organizations to prepare Welsh language schemes to explain how they implement the principle of 'treating the Welsh and English languages on the basis of equality' as they provide services to the public. Until Welsh language standards are applicable to health organizations, they will continue to operate language schemes.

The Welsh Language (Wales) Measure 2011⁸⁹ transfers the responsibility for monitoring language schemes to the Welsh Language Commissioner. The Commissioner publishes an annual overview of the performance of NHS health boards and trusts and these reports are published on the website.

Among the provisions, the Welsh Language Measure gives the Welsh language official status in Wales, establishes the principle that Welsh should not be treated less favourably than English and creates a new legislative framework for the Welsh language through the imposition of duties in the form of language standards.

Standards will replace the health sector's language schemes with the intention that organizations will have clarity regarding their obligations and how they should use the Welsh language. It is also intended that the new standards will assist the public to understand how organizations will use the Welsh language in Wales. The aim of the standards is to ensure that Welsh language services are more consistent from one organization to another leading to an increase in the use of the Welsh language and ensuring that the Welsh language is treated no less favourably than English.

As well as the Welsh Language Act 1993 and the Welsh Language (Wales) Measure 2011, the Welsh language in health is also scrutinized at European level under the European Charter for Regional or Minority Languages, with the Committee's latest report in 2013 noting in the context of health services:

'There remains considerable concern about the situation on the ground.'

⁸⁸ The Welsh Language Act 1993

⁸⁹ The Welsh Language (Wales) Measure 2011

Part 3 – More by chance than by design?

A number of Welsh Government policies and strategies acknowledge the need to improve the Welsh language provision. As well as the strategic framework **More than Just Words** (2012) which sets specific targets in terms of health and care services in Welsh, there are, for example:

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The Rural Health Plan (2009) which calls for making the most of skills and resources in order to provide better care for patients in rural areas, which often calls for innovative, more local methods of organising clinical and language skills. The link is highlighted between the nature of the community, the provision of services and Welsh language needs. Highlighted also is the need for practical consideration of the Welsh language and for planning health services across the age spectrum - from assessments that are linguistically appropriate for children to ensuring linguistically appropriate care for older people with dementia.

'In the development and delivery of health...it is therefore imperative that there is full consideration of language factors to ensure effective provision with Welsh speaking staff available to satisfy these needs.'⁹⁰

Together for Health (2011) where the commitments of the health service in Wales are noted including

'It will enthusiastically implement the new Welsh language strategy for the NHS.'⁹¹

Iaith Fyw Iaith Byw (A Living Language, a Language for Living) (2012) which also notes the importance of the More than just Words strategic framework in order to set standards for the sector to improve the patient experience.

'Strengthening Welsh language services in health and social care is regarded as a priority since, for many, language in this context is more than just a matter of choice - it is a matter of need.'⁹²

Achieving Excellence: The quality delivery plan for the NHS in Wales (2012-16) - which outlines arrangements to assure and improve the quality of health services.

'The Welsh Government is committed to delivery of services that are centred on users needs... This includes satisfying the needs of Welsh speakers and their families or carers, by ensuring they are able to receive services in their own language through the care process.'⁹³

Stakeholders were asked whether legislation, policies, health and professional standards and codes of practice adequately addressed the needs of Welsh speakers in their opinion.

⁹⁰ The Rural Health Plan; Welsh Government; 2009

⁹¹ Together for Health, the five year vision for the NHS; Welsh Government; 2011

⁹² A Living Language, a Language for Living; Welsh Government; 2012

⁹³ Achieving Excellence: The quality delivery plan for the NHS in Wales 2012-2016; Welsh Government

Part 3 – More by chance than by design?

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:

According to Dyfodol i'r Iaith:

'If More than just Words were to be realised across health and care in Wales it would be a major step forward in terms of meeting the linguistic needs of patients' (written evidence to the Inquiry, Dyfodol i'r Iaith, November 2013)

Cymdeithas yr Iaith Gymraeg (the Welsh Language Society) states:

'It must be ensured that what follows is a realistic assessment of the size of the task of addressing weaknesses, and that adequate resources are set aside for the work.' (written evidence to the Inquiry, Cymdeithas yr Iaith Gymraeg, January 2014)

A number of respondents also refer to this need for adequate guidance and resources to realise the statutory and strategic requirements.

According to the Cwm Taf University Health Board:

'The needs of Welsh speakers are addressed in relevant legislative and policy documents along with health and professional standards' (written evidence to the Inquiry, Cwm Taf University Health Board, September 2013)

But in referring to problems such as recruitment and the national General Medical Services contract, they warn:

'However the barriers mentioned previously can make it more challenging to implement and comply with such policies and procedure.' (written evidence to the Inquiry, Cwm Taf University Health Board, September 2013)

Betsi Cadwaladr University Health Board refers to recruitment problems and notes the need to tackle primary care contracts at national level and that there is a need to ensure that policy requirements give clear consideration to the linguistic needs of patients:

'Although this would ensure that language choice and need was mainstreamed into services to enable patients to communicate and explain themselves in their language of choice, the limitation of the lack of clinical staff trained adequately to work within the primary care sector would make this a very challenging ambition.' (written evidence to the Inquiry, Betsi Cadwaladr University Health Board, October 2013)

Part 3 – More by chance than by design?

Cymdeithas yr Iaith Gymraeg noted that the evidence of their members suggests that their needs are not met and that the majority of providers act as if there is no obligation on them to provide a bilingual service:

'The Welsh Language Act 1993 has not succeeded in ensuring that people receive an acceptable Welsh language service within the health service.' (written evidence to the Inquiry, Cymdeithas yr Iaith Gymraeg, January 2014)

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According to the School of Healthcare Sciences, Bangor University

'National, regional and local policy deficits jeopardise Welsh language services.' (written evidence to the Inquiry, School of Healthcare Sciences, Bangor University, January 2014)

According to the evidence presented, it appears that the deficits stakeholders refer to mainly are the weakness of Welsh or bilingual primary care services contracts and difficulties in recruiting Welsh speakers to some professions.

Therefore, whether there is agreement that legislation and policy are adequate or not, the clear message is that there is a gap between legislation and policy and implementing those requirements on the ground. With regards to wider legislation and policy relevant to the health sector in general, the absence of the Welsh language within the fabric of such legislation is inconsistent with the requirements of language legislation and this also leads to conflict at delivery level and certainly causes confusion and uncertainty to those who speak Welsh language.

Healthcare Standards

The framework **Doing Well, Doing Better: Standards for Health Services in Wales** was amended in 2010 to offer a consistent framework for the health services to be able to look at all their services in an integrated way to ensure quality and that they are 'doing the right thing, at the right time, for the right patient in the right place and with the right staff'.⁹⁴

A number of guidelines have been published for health services in Wales in order to explain and set out the importance of the standards in a practical context. The standards framework is supplemented by guidance for each individual standard together with operational guidelines and practical advice. Among these guidelines there is guidance for primary care providers in Wales.

⁹⁴ Doing Well, Doing Better: Standards for Health Services in Wales; Welsh Government; 2010

Part 3 – More by chance than by design?

The guidance is centred on GP surgeries in order to link the standards with the everyday work which GPs and surgery staff undertake. In the guidance there are references to the importance of communicating in Welsh and the attention providers need to give to:

‘Language - to ensure that access to services through the medium of Welsh becomes a reality to Welsh speaking families.’⁹⁵

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The Royal Pharmaceutical Society in Wales emphasised the need for guidelines to assist providers:

‘Overall we are confident that wherever practicable community pharmacists across Wales are endeavouring to provide their services in a way which meets the language needs of their patients. As NHS contractors, community pharmacies should be made aware of their responsibilities regarding the Welsh language and should be supported in discharging that responsibility by appropriate bodies – including Local Health Boards and the Welsh Language Commissioner.’ (written evidence to the Inquiry, Royal Pharmaceutical Society in Wales, February 2014)

These Standards have also been developed so that they correspond with the clinical and professional standards as well as quality requirements. Health teams are expected to use these standards alongside their professional standards.

The Government acknowledged that providers can achieve a number of these standards by means of their professional standards and regulation. A process of mapping the professional and regulatory standards was carried out alongside the Wales healthcare standards in order to ensure that they were consistent. Health teams are asked to conduct the mapping process in order to ensure that there is no duplication or gaps, in order to ensure the quality of their services.

Professional and regulatory standards

As well as the healthcare standards of the NHS in Wales, professionals working across the primary care sector will also be accountable to their professional bodies in respect of their professional functions.

Health professionals in primary care in Wales must register with their relevant regulator and they are required to reach the standards contained in their code of conduct or their professions code of practice. They are expected to

- possess the right skills to treat or care for patients
- treat people with dignity and respect
- act professionally and honestly

⁹⁵ Doing Well, Doing Better: Standards for Health Services in Wales; Welsh Government; 2010

Part 3 – More by chance than by design?

Professional and conduct standards are set out for the United Kingdom. Although the standards of all professions include requirements regarding safety and quality, respect and dignity, clear and effective communication, there is no specific reference to Wales' status as a bilingual nation.

Healthcare Inspectorate Wales inspects services according to healthcare standards and primary care services are also monitored according to the targets set and according to the standards set and regulated by the professions themselves.

The Chief Pharmaceutical Officer for Wales submitted evidence to the Panel and he was asked about the importance of communicating with patients, and whether there was room for professional bodies such as the General Pharmaceutical Council to consider giving the Welsh language more prominence in their inspection work.

In response, he stated

'All our community pharmacies are inspected by the GPhC and I think there is possibly more we could do with regards to orientating the inspection criteria to at least have a Welsh language element. . .

Clearly the inspection and regulation has got to be consistent but I can't see why there couldn't be an additional component in terms of consideration of the Welsh language. It is an outcomes-based inspection and the outcome must be that the patient has access to the services they need and can receive the advice that they require in the language they desire.' (oral evidence to the Panel, Chief Pharmaceutical Officer for Wales, Roger Walker, October 2013)

Conclusions

The Welsh Language (Wales) Measure 2011 has changed the legal framework for the Welsh language and 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 the fabric of some of the Welsh Government's measures and policies 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.

Part 3 – More by chance than by design?

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.'

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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.

Addressing the Welsh language as a specific matter as well as holistically across the health portfolio and beyond provides a particular opportunity to give assurance to Welsh speakers that their needs are central to the service offered giving certainty at the same time to health services 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.

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.

There is also 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 and in order to 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 professional 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 health outcomes also.

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, if there are specific requirements in relation to language and care, and to report to me on the opportunities 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.

Part 3 – More by chance than by design?

The fourth element of the terms of reference was to inquire into factors that are central to the provision of primary care services in Welsh.

These factors encompass a number of relevant elements that are fundamental to the success of the quality of provision. Some elements have already been highlighted but the success of these elements begins with leadership.

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Leadership and accountability

'It was clear to me that lack of Welsh speaking staff is not always the problem, but an unwillingness to afford appropriate status to the language as one of the (very important) elements to be considered in trying to help the patient recover, whatever their ability to speak English or their age.'
(member of the public, Betsi Cadwaladr University Health Board area)

In considering the evidence submitted, the Panel was of the opinion that there was a need to place Welsh language much higher on the leadership agenda. There were examples of good practice in terms of how some health boards structure leadership and accountability for the Welsh language internally and other stakeholders said it was not 'on the radar' very much. But in general, what characterised the evidence of stakeholders was a willingness to acknowledge the need to improve a number of aspects in order to meet the needs of Welsh-speaking patients.

It is acknowledged that clear and robust guidance is important to lead improvements – and central to this is a mindset of looking at what is possible rather than what is not possible:

'People always think about what they can't do. They never actually think about what they could do.' (contributor to the Inquiry)

The Panel noted that there was a tendency during a period of great pressure to be passive or even negative towards new ideas and the need to change, that people's creativity was stifled by pressure and people were tired of the perception that there were more and more expectations upon them, which in turn hindered change.

The influence of leaders, whether Welsh Government, professional organizations, regulators or local leaders of professions are therefore key to supporting changes. The mindset of improving primary care services for Welsh speakers must filter down and across via strong messages and practical actions.

Part 3 – More by chance than by design?

The Welsh Government's Strategic Framework for the Welsh Language, **More than just Words** reflects this need:

'Creating leaders who will foster a supportive ethos within organisations so that Welsh speakers receive language sensitive services as a natural part of their care.'⁹⁶

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The Panel heard evidence that highlighted the fact that effective leadership included a number of elements.

Changing culture

Mindset and the need to change 'culture' are fundamental to the leadership that is needed to transform practices. It is seen that primary and community care in Wales are undergoing a process of culture change in general:

'What's required...is a real cultural shift...and that's not just from their Local Health Boards and the Government, that's got to come from within the professions themselves.' (Paul Gimson, Wales Director, National Pharmaceutical Society, speech at the 'Integration, primary care and the changing role of the GP' conference, January 2013)

Therefore, as the sector undergoes that process of change and as leaders consider the new requirements upon services in terms of collaboration, co-production in a climate that puts patients at the heart of the provision and the methods of implementing this, consideration of the Welsh language must be incorporated into the day to day mindset and professional practices and support should be provided for this to happen.

According to Peter Watkin Jones, the lead solicitor of a legal team in the review by Robert Francis QC of Mid Staffordshire Hospital, the Francis Report's core message was:

'That the health system needs a fundamental change, to change its way of thinking about things: 'culture change'. 'Culture' doesn't change through systems and the fact that we have HIW in Wales rather than CQC makes no difference...culture will only change when the mindset of those working within the system changes. Therefore, the Francis report was an appeal to individuals, doctors or chief executives to contribute as they could to a new culture of putting the interests of the patient first...There is an obligation following on from Francis' principles that the patient must have the opportunity to express himself/herself so that his/her health is safeguarded.' (evidence to the Inquiry Panel, March 2014)

⁹⁶More than Just Words, Strategic Framework for Welsh Language Services in Health, Social Services and Social Care

Visible leadership

As part of the process of culture change, an important element is leadership by example - in both words and actions. In the Government's policy documents and health strategies there are clear messages regarding the importance of mainstreaming the Welsh language. However, according to the Inquiry's findings, there is little evidence to suggest that these messages are being followed through adequately into practical action at the level of primary care service delivery for Welsh speakers.

Welsh Government can influence the framework within which people work and clinical leaders and professional bodies can influence the understanding of practitioners and staff of what is required in terms of professional behaviour.

The guiding principles of all professions are a basis for good practice for Welsh-speaking patients as RCN Wales notes in its written evidence to the Inquiry:

'Dignity, person-centred care and effective communication are 3 of the 8 principles of nursing practice...these 3 principles are clearly at the heart of positive changes in patient care.' (written evidence to the Inquiry, RCN Wales, September 2013)

Clear and practical links must be made between the professional principles and the need to improve the quality of experience for Welsh speakers.

Practical leadership

Alongside leadership at the level of policy and principles, practical leadership is also required. The comments submitted to the Inquiry suggest that there is a need to give the will that exists to improve the experiences of Welsh-speaking patients a practical basis, by mainstreaming Welsh into performance, by means of health and professional standards, measurable targets and methods of monitoring and regulation. In their deliberations, the Panel were of the opinion that the Welsh language should feature in Tier 1 targets for the health service.

As well as clarity regarding the performance expected from primary care providers and staff in terms of meeting the need of Welsh-speaking patients, some stakeholders noted that practical support and training was needed on some key aspects such as language awareness, active offer and developing language skills.

Part 3 – More by chance than by design?

The need for this is not limited to guidance on provision of effective bilingual services. A demand for practical guidance is seen from other quarters as expectations change. In discussing the way primary care and community services are changing and the need for practices to change as a result of that, Martin Semple, RCN Wales refers to the leadership, the resources and the practical support needed by staff responsible for providing these services:

'If you want people in a particular setting such as community health services to do more, then that clearly requires resources. If you want them to do things differently, the same things but differently, that requires some sort of infrastructure change, perhaps more resources in terms of training etc. If you want them to do different things, that is things that they haven't done before, not only does it require resources but it requires training.'⁹⁷

Once again, it should be ensured that the Welsh language has a central role in any practical guidance - training and resources. During the Panel's discussions, it was seen that the steps needed to transform practices varied from measures that could be implemented in the short-term, based on current work practices - identifying language needs and responding to them in practical terms, to measures that required more long-term action - training and increasing the skills of the workforce.

In response to the Panel's questions, the Minister for Health and Social Services noted the importance of strong guidance in order to drive improvements:

'Where the improvement is seen is the result of mobilising latent skills and resources [e.g. through engaging staff or patients who lack the confidence to use the language] then the cost implications may be very small. The same may be true where the existing budget is used in a different way e.g. employing staff with different skills. These measures may indeed create a significant change with strong leadership likely to be an essential foundation.' (written evidence to the Panel, January 2014)

Accountability for primary care services

'The Welsh Government formulates policy at the macro level, but there is currently a strong policy drive to ensure that LHBs lead and take responsibility for the implementation of policy locally. The balance between national and local in Wales has often been somewhat ambiguous.'⁹⁸

⁹⁷ Speech at the 'Integration, primary care and the changing role of the GP conference; 2013

⁹⁸ Health Systems in Transition: United Kingdom (Wales); European Observatory on Health Systems and Policies; 2012

Part 3 – More by chance than by design?

The evidence received both written and oral suggested a lack of clarity in terms of accountability in respect of primary care provision for the public in Wales. It did not appear clear to the Panel that there was clarity on where the authority lies to require providers to deliver primary care services in Welsh or bilingually to those who needed them. The messages from Welsh Health Boards were consistent:

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‘Independent GP Practices, Dental Practices, Pharmacists and Optometrists all have a contract with the Health Board. However, the contract wording does not state that these independent practices must provide their services in Welsh or English. They do not state that they must comply with the Health Board’s Welsh Language Scheme either. These are national contracts and the wording of the contracts has been agreed nationally by external bodies such as the British Medical Association. Therefore, it can be challenging to encourage staff within these practices to provide services bilingually. Staff within independent practices have increasingly high workloads and are often reluctant to take on new initiatives despite the support and encouragement offered to them from the Welsh Language Unit.

The wording and legal requirements for Primary Care contractors may need to be agreed by relevant governing bodies at a national level to ensure consistency throughout NHS Wales. These national contracts must take into consideration the needs of Welsh speaking service users and should state clearly the legal requirements of the contractors before contracts are awarded. This would ensure that Welsh language services are provided within the primary care sector. It would also aid the work of those involved in the promotion of the Welsh language if further discussions took place with relevant practitioner bodies on the role of their members in the provision of Welsh language services for patients and service users. Insufficient numbers of GP practices for example, despite the Health Board’s staff’s efforts, are prepared to make the necessary commitment, especially where there are no Welsh speakers already in the practice.’ (written evidence, Cwm Taf University Health Board, August 2013)

Health Boards and NHS trusts in Wales have a duty to ensure that any third party contracts involving the provision of services to the public in Wales are consistent with the terms of the Welsh language schemes, and the contracts for providing services to the public are between Health Boards and primary care providers. But, as can be seen in the above evidence, it appears that complexity arises when the contents of the contracts are set at a national level.

Part 3 – More by chance than by design?

In response to questions from the Inquiry Panel on this, the Minister for Health and Social Services explained:

'The GMS contract is set in subordinate legislation (NHS General Medical Services Contracts (Wales) Regulations 2004. This legislation includes a provision for the GMS contractor to comply with all relevant legislation and have regard to all relevant guidance issues by the Local Health Boards and Welsh Ministers. This will include relevant legislation and guidance on the Welsh language.

Any chances requiring a contractor to take account of the Welsh Language will require an amendment of the NHS General Medical Services Contracts (Wales) Regulations 2004. The Welsh Government is under a statutory obligation to consult with the British Medical Association in relation to changes to this legislation.' (written evidence, January 2014)

It is apparent to the Commissioner that there is a need for Welsh Ministers and Health Boards to provide clear guidelines for primary care providers on the statutory and moral requirements to meet the needs of Welsh speakers. This should be done through discussion with the professional bodies on what guidelines, leadership and resources should accompany such directions.

The Commissioner is also of the opinion that the Welsh Government should look further at amending the Regulations so that there is no doubt over the importance of the Welsh language in primary care services.

The Community Pharmacy Contractual Framework is negotiated on an England and Wales basis by the Department of Health and currently makes no recognition of, or concession to, the Welsh Language. Under current arrangements and in the absence of a Wales-only contract there are limited opportunities to change the current contractual framework.

The Panel noted that there was scope for Welsh Government to look further at raising this issue with the Department of Health in order to ensure more clarity.

In contrast, the regulatory body of pharmacists, the General Pharmaceutical Council, has an outcome based approach to the inspection of community pharmacy premises and these could be adapted to address the needs of the Welsh Language.

During the Inquiry a case arose regarding the right of a patient to receive a prescription in Welsh. This case is outlined in Appendix 4.

The Panel looked in more detail at the contract example for General Practitioners. This contract was renewed in January 2014. One of the most obvious changes was to provide for the fact that more and more surgeries will work together in networks or clusters to provide primary care services. The purpose of this is to provide more joined-up care and to better integrate health and social care, with collaboration across local communities and networks.

Part 3 – More by chance than by design?

According to the evidence of the Minister for Health and Social Services:

‘Changes to the contract for 2014/15 include a new QOF requirement for the GP practices to undertake a practice needs assessment to inform the production of a Practice Development plan and a GP Practice Cluster Network Plan to be agreed. The practice needs assessment will consider key health priorities, identified from a number of sources including the cluster network, practice complaints and suggestions and recommendations arising from practice visits undertaken by health boards and other bodies, and practice priorities. The assessment process will include the Welsh language provision.’ (written evidence, January 2014)

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The Panel noted that this change provided an opportunity for more systematic consideration of the needs of Welsh speaking patients in providing services. But this requires the information sources to have mainstreamed considerations of the needs of Welsh speaking patients and so far there is not much evidence to confirm this. The Commissioner is of the opinion that clear and comprehensive guidance is needed on the provision of Welsh and bilingual services in guidelines to accompany the new requirements of the Quality and Outcomes Framework. At the same time health boards need to provide support and advice to surgeries on the practical steps that should be taken.

Conclusions

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 organisations, regulators or the professions’ leaders locally is key to supporting changes. A mindset of improving primary care services for Welsh speakers must flow down and across through strong messages and practical actions.

In the same way as the Francis report was an appeal to individuals in the sector to contribute to a change in culture, 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.

Part 3 – More by chance than by 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 also 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 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 also 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.

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.

Workforce planning

The existing workforce

'Planning the workforce of the future is important, but that's planning for something more long-term, it is also necessary to look at the skills of the existing workforce and to maximise those skills.' (oral evidence to the Panel, Dafydd Trystan, Coleg Cymraeg Cenedlaethol, October 2013)

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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.

The Commissioner's overview report of NHS Health Boards and Trusts monitoring reports 2012-13 notes that one of the main risks to effective bilingual services for patients is the health service's inability to plan the workforce in terms of its Welsh language skills.

'It appears that very little work has been done across the NHS to ensure that language skills are included in workforce planning.'⁹⁹

Every statutory investigation conducted under the Welsh Language Act 1993 regarding health services in Wales have been linked to problems in terms of planning workforce skills around patients' needs. It appears that this, more than anything else is the most fundamental problem of planning effective services.

There is no easy method of monitoring skills or lack of skills in the health service and especially in the primary care sector. The Commissioner is of the opinion that this calls for a cross-sector discussion from representative bodies to career and education organizations with central strategic guidance by the Welsh Government to drive this work forward.

During the scrutiny of evidence, the Panel saw that there is room to develop the work that has already been carried out by Health Boards to record the linguistic skills of general practitioners, to include dentists, pharmacists and opticians but it was also equally important to understand the extent of the skillset amongst practice nurses and other primary care staff as they are equally as important to the patient's experience.

⁹⁹ The Welsh Language Commissioner's overview report of NHS Health Boards and Trusts monitoring reports 2012-13

Part 3 – More by chance than by design?

The Welsh Language Schemes of organizations and the targets of the Government's Strategic Framework **More than Just Words**¹⁰⁰ outline the necessary steps to plan Welsh language services purposefully and the main element is to identify where in the workforce the necessary communication skills are and then to organize those skills around the patient.

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Identifying and utilising skills

'Increasing the number of Welsh speaking staff alone will not address the problem, Welsh language has to be a key consideration when planning services for patients...Service planning and delivery is significant. Organisations must understand the linguistic skills of the workforce they employ and the needs of the area they serve as a priority.' (written evidence to the Inquiry, RCN Wales, September 2013)

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, BMA Wales also noted the need to provide opportunities and support for Welsh speaking doctors to develop their Welsh language skills in practice.

The Welsh language as a skill

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. In her evidence to the Panel, the Chief Medical Officer for Wales noted:

'You have to have an effective conversation: it's at the heart of clinical practice.' (oral evidence to the Panel, Chief Medical Officer, Dr Ruth Hussey, February 2014)

¹⁰⁰More than Just Words, Strategic Framework for Welsh Language Services in Health, Social Services and Social Care

Part 3 – More by chance than by design?

Therefore, the message must be conveyed to the workforce that it is something that is appreciated at the very least, and that it needs to be recorded as it is fundamental to the quality of the experience of a number of patients.

This should also be the case in education and training as well as in the workplace but there is little evidence that this happens. It exists as an element of the Welsh Baccalaureate which is taught in schools and further education colleges and as an element within the further education of Using Language at Work modules (WJEC) and Agored Cymru units. There was no evidence that this message is conveyed within Universities nor that Careers Wales for example actively promotes the Welsh language as a valuable skill.

The general feeling amongst further education colleges for example is that schools and the career advice given have a role in persuading pupils of the value of the Welsh language as a workplace skill before they arrive at college and university.

As noted in **One Language for All: Review of Welsh second language at Key Stages 3 and 4** (September 2014) there is no evidence 'that there was a general lack of promotion of the Welsh language and the value of the language as a skill in future employment'.

The report recommends that action be taken so that Careers Wales and careers advisors in schools and colleges promote the Welsh language as a workplace skill:

'Pupils, as they are learning the language and considering future employment, need to be aware that there are opportunities to use the language and the benefits of having Welsh language skills at all levels of competence. Some posts might only require oral skills while others might require competence in the four skills; speaking, listening, reading and writing. It needs to be emphasised, by all involved in career advice, that the skill level is relevant to the post and situation.'

In terms of the workplace itself, an example was seen of a public organization in Wales which has established a system to increase the Welsh language skills of the workforce to serve the people of the area:

Proficiency Framework

The organization has adopted a linguistic proficiency framework which offers five levels of linguistic ability. In order to develop into a truly bilingual organization, since 2005 any new recruit is required to possess basic Welsh skills (level 1) prior to recruitment and then to reach level 2 during the probationary period. Since January 2008 every recruit must possess skills at level 2 prior to recruitment and level 3 skills within the probationary period. Similarly, any officer or member of staff must possess level 2 skills prior to promotion within the organization. Recruits or prospective recruits are offered any necessary training in order to reach the required level of ability in the Welsh language.

Part 3 – More by chance than by design?

The Deputy Minister for Social Services reported to the Panel that the Ministerial Task Group for the Welsh language within health and social services was working with the Care Council to look at strengthening how Welsh is seen as a skill. The Task Group is also looking at ways in which Colleges Wales can contribute towards increasing skills across all the colleges, building upon what is already part of the system.

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One example of a scheme currently in place to acknowledge skills is the opportunity that students studying at a university in Wales have to apply for the Coleg Cymraeg Cenedlaethol's Welsh Language Skills Certificate. Although this is a scheme for university students, the aim of this is to provide an opportunity to students on any course to gain a qualification which records their linguistic skills as evidence of their communication skills for employers. Employers are currently slow to recognise this qualification when employing professional staff and only one health board has so far registered (Betsi Cadwaladr University Health Board). There is a need to expand on this in terms of different contexts and academic levels as a means of giving confidence to individuals to use their skills in the workplace as employers acknowledge those skills that are relevant to the workplace.

Once there is a consistent system across health services to acknowledge Welsh as a skill for the workforce, recording staff skills in terms of the Welsh language will become a meaningful practice and lead to opportunities to increase support and confidence for more of the workforce to use it in their work.

'Very often when you have a team that has a Welsh speaker in it you are always relying on them, they are utilising their skills. They might not even be aware of how they are utilising their skills, so the fact that the receptionist is making people happy on the way in may not be regarded as imperative. That's not showing up in people's appraisals, job descriptions...the value if it has never been recorded anywhere or seen...it's not something that is actively considered.'

'So there is something about the fact that there is a large pool of Welsh speaking staff already in the system who are not being counted or recognised and no one's then seeing the value of that skillset' (oral evidence to the Panel, Lisa Turnbull, WIHSSC and RCN Wales, January 2014)

Recruitment

Evidence submitted by stakeholders from the health sector all referred to a general shortage and difficulty in filling posts:

'There is a shortage of health care workers as it is, especially in the primary care sector. There is a shortage of general practitioners and dentists, especially those who speak Welsh. Due to the local shortage, qualified registered staff are being recruited from the UK and beyond.' (written evidence to the Inquiry, Betsi Cadwaladr University Health Board, October 2013)

Part 3 – More by chance than by design?

Aneurin Bevan University Health Board refers to recruitment problems in the area of general practitioners in particular; the shortage in numbers is not restricted to general practitioners who possess Welsh language skills.

'Profiling undertaken to date suggests that between 2015 and 2020 the Health Board faces significant recruitment and retention issues for GPs which mirrors the national position...This reflects a much bigger issue overall, which includes a lack of Welsh language skills as one of a number of factors.' (written evidence to the Inquiry, Aneurin Bevan University Health Board, September 2013)

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The BMA notes:

'There is a general shortage of GPs developing in Wales and this appears to be affecting the rural, predominantly Welsh-speaking heartlands in particular. As a result General Practice is now under considerable threat with a complete absence of candidates...regardless of whether they are Welsh-speaking or not...BMA Cymru Wales recognises that a huge barrier to the provision of Welsh-language GP consultations for those patients who would wish them is a general problem of GP recruitment, aside from the linguistic capabilities of the applicants.' (written evidence to the Inquiry, BMA, September 2013)

Aneurin Bevan University Health Board also refers to dental services:

'The reduction in the number of Foundation Dentist places within ABUHB has also had a detrimental effect on access to NHS services. This also highlights a deeper issue with regards to workforce and general access to NHS dentistry other than the lack of Welsh speakers.' (written evidence to the Inquiry, Aneurin Bevan University Health Board, September 2013)

According to the BDA one of the main factors is recruiting good personnel with good support staff, adding that there is a need to deal with requirements at a local level:

'There will need to be very careful management of workforce policies if it becomes apparent that a working knowledge of the Welsh language becomes desirable in the job description/person specification. This is something that should be managed locally and not subject to a national policy' (written evidence to the Inquiry, British Dental Association, August 2013)

Hywel Dda Health Board also refers to dentists but in the context of general barriers regarding the provision of service and involving the language, although it emphasizes that the pressures on Welsh language provision are the same:

'Lack of funding to provide the clinical activity that is required for the area. The demand on the service..outweighs what the health Board is able to provide.' (written evidence to the Inquiry, Hywel Dda University Health Board, September 2013)

Part 3 – More by chance than by design?

Although neither a shortage nor recruitment difficulties are reported in pharmacy, the result of the survey indicates that only 29% of the conversations Welsh speakers had with their pharmacist in the last year was in Welsh (40% in the Betsi Cadwaladr area and 6% in the mid and south Wales health boards areas).

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In general, however, it became clear from the evidence that there are wider concerns regarding recruitment with a number emphasizing that increasing the bilingual skills of the workforce is a problem as a result.

The Commissioner is of the opinion that much more systematic action is required to ensure that primary care services make the best of the skills they already have and start closing the gap between the need for Welsh and bilingual services and the current provision, something which has been reflected in the Inquiry survey.

At the same time, there is a need for more detailed consideration and debate regarding moving towards making the Welsh language an essential requirement in posts where there are obvious gaps and a risk to the quality of service.

'If Welsh speakers are going to get the health service and primary care they not only deserve, but often need for clinical reasons... then the Welsh language must be considered as a factor in advertising for staff...making the ability to speak Welsh an essential qualification where the need arises.' (written evidence to the Inquiry, Undeb yr Annibynwyr Cymraeg, January 2014)

If there are gaps in provision there is a need for planning in order to address the deficit - identifying the specific needs of the population and identifying methods of responding to those needs. As a result, the planning of recruitment requirements is important together with consideration of appropriate recruitment measures.

In his evidence to the Panel the Minister noted that the Government's data suggests an increase in the number of GPs who are able to speak Welsh:

'In 2012, 6.8 general practitioners had the ability to speak Welsh per 10,000 of the Welsh-speaking population (compared to 5.8 in 2011).'

He noted further:

'NHS organizations must consider the needs of the population in their areas as they plan services. A number of factors require consideration including the level of Welsh language service needed.'

Part 3 – More by chance than by design?

However, Cwm Taf University Health Board noted:

'Primary care practices are usually responsible for recruiting their own staff and can do so externally to the shared services facility currently in place for NHS Wales.' (written evidence to the Inquiry, Cwm Taf University Health Board, October 2013)

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As is emphasized in this report the team around the patient includes more than the GP or pharmacist, support staff are also valuable members and can contribute towards a better experience and better outcomes for the patient. Therefore the Commissioner is of the opinion that there is a need for wider consideration in terms of NHS workforce plans to ensure that the primary care workforce is planned in such a way as to respond to the needs of the local population.

The Panel noted with interest that a number of schemes have attempted to address the lack of Welsh language skills within certain areas. For example, in 1997, Gwynedd Council offered financial assistance to anyone studying dentistry that would be willing to return to Gwynedd to work after qualifying.

Advice on recruitment

The Commissioner has published guidance on recruitment and the Welsh language. The purpose of this document is to assist those providing services to the public in Wales to develop a bilingual workforce. It provides assistance to make the best use of the various language skills of staff and develop them further and increase awareness of good practice in terms of language and recruitment. The document includes practical and comprehensive advice on mapping skills, identifying gaps and planning measures. It also provides advice on how to include linguistic requirements as part of job descriptions.

The document also draws attention to examples of good practice internationally:

International perspectives

The situation in Wales is not unique and many other countries are trying to work in two, three or more languages. There are international examples of skills planning and HR management for multilingual communities.

The setting of linguistic conditions has been deemed legitimate by the European Court of Justice and is also common practice in other European countries. For example, linguistic conditions are set for public sector appointments in the Basque Country and Catalonia.

In the Basque Country information is published on an annual basis regarding the vacancies advertised and the language(s) spoken by the successful candidate. This information is sent to the government division responsible for the Basque language.

Part 3 – More by chance than by design?

Public service staff in Canada are encouraged to maintain their linguistic skills, which includes an oral assessment every two to three years. A 'bilingualism bonus' is given to public service staff who pass a linguistic skills test.

Staff who only speak one language in Canada are supported to become bilingual; indeed, linguistic training is considered essential to increase the number of bilingual staff in the country.

'Language training is a key factor in ensuring that public servants achieve the language skills required by their positions. If bilingualism is acknowledged to be a basic skill, language training must be regarded as an essential component of learning and career development plans.'¹⁰¹

Act 10/1982 of the Basque Country Government on the normalisation of the use of the Basque language is the basis of developments in the public sector there. Article 14 states that the public authorities will adopt measures which lead to the gradual development of Basque language skills amongst public service workers. Public authorities will also identify posts where skills in both languages are deemed to be essential and for those posts where the Basque language is not essential public authorities will consider linguistic skills (Gardner, N, 2006 Public Sector Basque Language schemes; a brief summary). Organizations are expected to prioritise those posts which involve the most contact with the public as 'Basque essential'. A percentage of posts are designated 'Basque essential' in each organization corresponding to the percentage of Basque speakers in that particular administrative area. In the case of every other post, linguistic ability is awarded additional points, which are then combined with points for other qualifications and experience which have a direct bearing on the success of applicants.

Qualifications and proficiency levels in the Basque language are recorded in detail for each individual during the process of appointing staff. Standard procedures and conditions are set when recruiting and contracting staff which give priority to ensuring that staff have appropriate language skills for the posts to which they are appointed. Any individual who lacks the required language skills is asked to sign a personal plan to undertake the necessary training in order to gain those language skills. If an individual fails to meet the linguistic requirements, the law allows for the transfer of that individual to another post which does not require linguistic skills.

The Basque Language Normalisation Officer is responsible for conducting an annual review of progress of the language skills of the organization's staff. Significant investment is made in linguistic training tailored to the workplace's needs based on specific competencies. (Recruitment: Welsh Language Considerations, Welsh Language Commissioner 2012)

¹⁰¹ French to Follow. Revitalizing the Official Languages in the Workplace, Canadian Centre for Management Development 2003

Part 3 – More by chance than by design?

‘An innovative recruitment policy is needed to ensure a full Welsh service in the health service and we believe that the health service should look at North Wales Police as an example of the sort of policy that is needed to ensure improvement. If the Welsh language is an essential part of all elements of the health service in Wales the Welsh language will have to be an essential skill for all staff within it. This means that it needs to be made a requirement for all members of staff to know some Welsh, and to build on that over the years.’ (written evidence to the Inquiry, Cymdeithas yr Iaith Gymraeg, January 2014)

Planning the future workforce

Without identifying the hidden skills of the present workforce there is no robust foundation for planning the workforce for the future.

‘In planning the workforce, you begin with what we have and how many we need...This must be done purposefully, rather than waiting for it to happen in some other way.’ (oral evidence to the Panel, Dafydd Trystan, Coleg Cymraeg Cenedlaethol, September 2013)

A document produced for the European Observatory on Health Systems and Policies on planning the workforce of the future identifies the need to look more widely than existing numbers, the numbers which need training and associated costs. It calls for a more comprehensive strategy covering considerations regarding attracting and retaining and good working conditions for example.

‘Assessing future health workforce needs is not only about projecting the numbers. Policy-makers need also to address the issues of recruiting, educating, distributing, retaining, motivating and managing the health workforce, which implies improving the knowledge about the expectations and behaviours of health workers.’¹⁰²

The changes in the population and social changes are considerations in planning the workforce. People’s needs and expectations change as a result and developments in the area of technology and medicine also play a part. The profile of the workforce itself changes (one which is getting older and includes more women than men) and there are challenges associated with that.

¹⁰² Assessing future health workforce needs; World Health Organization, 2010

Part 3 – More by chance than by design?

The Welsh language must be put at the heart of these considerations and plans put in place to increase the bilingual workforce for the future with plans to use those skills effectively. The evidence submitted to the Panel in the context of the workforce highlights a key message: It is necessary to look at planning how the workforce is organized and responsibilities shared among teams of people to provide flexible services that are responsive to the needs of the population and the way in which creativity can facilitate care that is linguistically appropriate for the patient in a way that is also cost-effective.

For example, the role of the practice nurse or nursing practitioner in the area of primary care is becoming more and more important with the move towards locality networks or clusters. Research carried out in 2006¹⁰³ indicated that nursing practitioners spent more time with patients than GPs and that patient satisfaction with this service was also higher. Alongside the results of the survey showing that it is with the practice nurse that people are most likely to receive service in Welsh the importance must be emphasized of developing the provision further and identifying the skills of all members of the primary care team.

Another question that came to the Panel's attention was who would decide on what the 'needs' are, and at what level? As the patient becomes more and more central to the process of making decisions on his/her care, there is a need to help them identify their needs, including language needs. The Inquiry survey indicated that people are often willing to accept a service through the medium of English, but after probing further, a number acknowledged that they would prefer the service in Welsh as they would feel more comfortable. Therefore, in order to secure the best possible result by ensuring mental wellbeing, Welsh speakers need support and encouragement to express this need.

The essentials of successful planning

'Since decisions about the future health workforce involve actors from various sectors (education, health, finance, planning, professional bodies, employers), there are inevitably conflicts. Access to solid data helps to inject rationality in discussions and negotiations.'¹⁰⁴

As noted in this report, data and information from a number of sources are vital to the planning of effective bilingual services and an essential element of that data is workforce skills.

¹⁰³ British Journal of General Practice, February 2006

¹⁰⁴ Assessing future health workforce needs; World Health Organization, 2010

Part 3 – More by chance than by design?

The evidence submitted to the Panel also suggests that there was not enough discussion and planning across sectors. According to one official within the Welsh Government Health Department:

'We need to get people from the health boards, various organisations and third sector to really come together and not see themselves as different organizations but part of the continuum of care...we need to drive some central work at a national level to develop some robust workforce plans.'
(Lisa Dunsford, Deputy Director Primary Care, oral evidence to the Panel, July 2013)

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Conclusions

It's reasonable to expect that we make the most of the resources available to us 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. We do not know the extent of our language skills base, 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.

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

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.

Unless the hidden skills within the current workforce are identified there is no strong foundations for planning the workforce of the future.

Part 3 – More by chance than by design?

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.

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.

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

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.

Part 3 – More by chance than by design?

Education and training was a key theme for the Inquiry and in the context of recent figures which indicate that a higher number of students from Wales study over the border together with predictions of a shortage in some primary care specializations, fundamental questions arose regarding how to increase the future bilingual workforce.

Education and training

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. However in considering the evidence, the Panel were required to look at the broader picture to highlight the barriers and opportunities related to linguistically appropriate primary care provision.

Education providers in Wales, universities and colleges, have a significant influence on the supply of the future primary care workforce and they are associated with the process of determining the numbers of future training places for NHS professionals. The postgraduate provision also contributes towards the professional development of the medical and dental workforce, nurses, pharmacists and optometrists.

The comments and evidence submitted suggested to the Panel that more collaboration and debate was needed across the education and health sectors and that education providers needed 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. The Panel saw that the education sector could contribute towards planning methods of attracting and retaining future staff by improving the flexibility of training programmes as the career demands of the primary care workforce evolve in response to changes in the way services are delivered. Coleg Cymraeg Cenedlaethol was considered by the Panel to have a vital advisory role to play in this context.

On hearing the evidence, the Panel noted that more clarity was 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 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.

Part 3 – More by chance than by design?

The Panel was of the opinion that there was a need to look in more detail at opportunities to set requirements in order to respond to the needs of the Welsh population.

One example of responding to the needs of the bilingual population is the role of the Care Council for Wales as a regulator. The Care Council imposes requirements on organizations providing professional social care training courses to consider the Welsh language, and imposes an expectation that programmes include training on the linguistic dimension. Providers are also required to submit annual figures on the linguistic skills of the students.

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Language of training

Apart from nursing at Bangor University, and some modules and elements of the educational provision in other settings across Wales, English is the language of education for the primary care workforce of the future. One contributor argued that this in turn conveyed to students who go on to work in Wales, that English is the norm in the service and that Welsh is an added extra or something optional.

The Panel noted the importance of employers acknowledging the Welsh language as a skill, but noted at the same time that recognizing Welsh as a skill in education and training was also vitally important.

The School of Healthcare Sciences in Bangor refers to the importance of bilingualism and the need for a strategic approach

'In order to develop bilingual competence in practice, students need opportunities to engage with the Curriculum through the medium of Welsh as well as English. This calls for a strategic approach to bilingual provision by the HE sector in partnership with the Health Boards, Welsh Government and Coleg Cymraeg Cenedlaethol.' (written evidence to the Inquiry, School of Healthcare Sciences, Bangor University, January 2014)

Another issue addressed in evidence was continuing professional development and annual revalidation. The Panel noted to need for organizations to consider continuity in terms of the Welsh language in professional training on an annual basis in order to enhance Welsh language skills in practice. In addition, the Panel received evidence from a GP who referred to the importance of opportunities for medical students to be able to use the language during placements or evaluation. It was felt that there was a need to strengthen Welsh language skills during these experiences, providing support also to those GPs facilitating placements or evaluations for students in order that they may use Welsh with patients. The support of Welsh speaking practising GPs was needed in this.

The future of training

Several contributors of evidence to the Panel referred to 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.'¹⁰⁵

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, not only the Welsh speakers who are on the courses, in order to increase awareness of the need to be sensitive to language needs.

Greenaway mentions that it is possible to secure more flexibility in the medical workforce by structuring training on the basis of the needs of employers and local needs and one of the key recommendations for Wales in the report is

'appropriate organisations, including employers, must consider how training arrangements will be coordinated to meet local needs while maintaining UK-wide standards'¹⁰⁶

The School of Healthcare Sciences in Bangor notes the need to respond to local demography, referring to their catchment area in North Wales, especially Gwynedd and Anglesey:

'Local recruitment of Welsh speakers is thus imperative to enable workforce development that responds to local needs.' (written evidence to the Inquiry, School of Healthcare Sciences)

What form of Welsh language education and training?

In general, the evidence of stakeholders and some of the comments from members of the public identified three different elements that are essential to educating and training a workforce for a bilingual country:

¹⁰⁵ The Shape of Training; Securing the future of excellent patient care: Final Report of the independent Shaps of Training review led by Professor David Greenaway; 2013

¹⁰⁶ The Shape of Training; Securing the future of excellent patient care: Final Report of the independent Shaps of Training review led by Professor David Greenaway; 2013

Part 3 – More by chance than by design?

- Developing language awareness - which is relevant to everyone being trained in Wales. It is important that Welsh speakers also receive language awareness training to reinforce the importance of their skills.
- Developing confidence to practice through the medium of Welsh - support and resources for those with skills in Welsh who are following their courses in English but who wish to be able to use their Welsh language skills in practice.
- Education and training through the medium of Welsh - something that is provided on quite a limited number of courses or modules in Cardiff, Bangor and Swansea.

The Welsh language provision supported by Coleg Cymraeg Cenedlaethol is essential to the developments towards a bilingual workforce and these three elements are reflected in various work streams. The Coleg is laying down the foundations through a series of schemes and in particular staffing plans which support subject development plans by investing in staff - via the 5 year academic staffing scheme.

Alongside this, the Coleg is responsible for the development of a series of activities that support students - placements, work experience, research scholarships and large projects to smaller ones.

The Coleg is responsible for an increase in the healthcare education provision through the medium of Welsh with the academic development schemes in order to broaden the provision in the coming years, and it also funds projects in these areas which seek to add to the provision and training resources in medicine, pharmacy, optometry and nursing, for example:

Seeing the Welsh Language

Cardiff University received funding to increase Welsh language provision in Optometry.

The project will include the development of specific elements of training through the medium of Welsh in the core curriculum, including elements of three modules:

'Language Awareness' in the context of eye health care' (year 1 module); 'Professional skills and awareness' (year 2 module) and eye tests through the medium of Welsh (year 3 module).

The Commissioner is of the opinion that universities need to ensure continued year on year progression and ensure an increase in the number of Welsh speaking students who take up these 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. It was reported that plans were underway at Cardiff University School of Medicine to tackle address this.

Part 3 – More by chance than by design?

Recruitment and retention in order to expand the bilingual workforce
Recruiting students from Wales to courses in Wales was a matter raised by a number of contributors to the Inquiry.

According to RCN Wales

‘Education is the key to the future delivery of the service. The Welsh Government funds specific numbers of places on pre and post registration courses for nursing in the higher education sector. It would be helpful to specifically contract for Welsh language places in the same manner that subject fields are currently specified. Bilingual and Welsh medium courses exist and this would encourage their development and the production of a linguistically confident and competent workforce.’
(written evidence to the Inquiry, RCN Wales, September 2013)

RCN Wales adds

‘The Welsh language needs of the service are also not being considered in education commissioning and recruitment. The RCN would recommend specific commissioning of bilingual education and assessment of the need for Welsh language provision in the recruitment process.’ (written evidence to the Inquiry, RCN Wales, September 2013)

Some of the barriers to recruiting Welsh speakers, in the opinion of the Bangor University School of Healthcare Sciences are the

- increased academic entry requirements to nursing and midwifery programmes
- personal hardship and reduction in bursaries for nursing and midwifery students
- trend among school leavers to attend other UK universities
- lack of strategic drive/targets set by BCUHB in partnership contract
- lack of strategic drive/targets set by WEDS in commissioning contract
- lack of strategic drive/targets set for medicine and allied health programmes in Wales
- lack of Language planning in allocation of F1 and F2 medics’ (written evidence 2014)

A number of the stakeholders that submitted evidence also mentioned the need for recruitment plans, incentives and scholarships to attract and retain more students from Wales - both Welsh speakers and non-Welsh speakers as these were the ones most likely to return to their home area if retained in Wales. Also noted was the importance of mainstreaming the Welsh language into universities and colleges’ arrangements for marketing, recruitment and interviewing.

Part 3 – More by chance than by design?

With the Deanery in Cardiff reporting that a significant majority of doctors stay in Wales after graduation, Dyfodol i'r laith refer to the fact that a large number of students of the healthcare professions tend to stay and work in the area where they studied:

'This means that a number of prospective doctors, nurses and others with Welsh language skills are lost if they choose to study outside Wales.' (written evidence to the Inquiry, Dyfodol i'r laith, November 2013)

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BMA Wales also refers to the matter:

'We also note that a considerable number of Welsh-speaking doctors (across all specialities) are choosing to work outside Wales. We would therefore suggest that the Commissioner might be minded to investigate why a significant proportion of Welsh-speaking doctors are choosing not to return to Wales to practice.' (written evidence to the Inquiry, BMA, September 2013)

According to Dyfodol i'r laith:

'There is a need to offer incentives for students who speak Welsh to stay in Wales to study for their degrees in medicine, nursing, pharmacy, dentistry etc. The Coleg Cymraeg already offers Welsh modules in some courses but it is possible that some students who have oral Welsh language skills are not confident enough to study through the medium of Welsh. Other types of inducements must be considered for these students.' (written evidence to the Inquiry, Dyfodol i'r laith, November 2013)

It is inevitable that a percentage of young people from Wales will choose to study over the border but concern has been expressed since the last UCAS figures for the UK showed that Wales has the highest percentage of its students studying outside the country. Dyfodol i'r laith notes:

'A system is needed to keep in contact with those students during their university course and to offer them an inducement to return to Wales to work. One option would be to offer to pay a proportion or all of their debts in terms of tuition fees.' (written evidence to the Inquiry, Dyfodol i'r laith, November 2013)

The Panel noted that schemes of this kind were implemented in Australia and New Zealand, for example.

The Royal College of General Practitioners notes:

'We need to encourage Welsh speaking medical graduates to return to, or stay in Wales and particularly to encourage the development of general practice training in the Welsh speaking communities.' (written evidence to the Inquiry, Royal College of General Practitioners, October 2013)

Part 3 – More by chance than by design?

Hywel Dda Health Board suggests that more joint work is needed between the Government and Careers Wales, schools and colleges to deal with the fact that there is a shortage of Welsh speaking applicants being trained for posts in the NHS in Wales and the need to recognize Welsh as an important skill.

‘Universities and colleges who train health professionals in Wales must put an emphasis on the Welsh Language as an important skill. Placements should be allocated for a specific amount of Welsh speakers on these courses so that there is an influx of professionally trained Welsh speaking candidates available for the workforce.’ (written evidence to the Inquiry, Hywel Dda Health Board, September 2013)

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They state further,

‘The Medical School in Cardiff...and nursing colleges in Wales should have a target to train a % of Welsh speakers on an annual basis. An analysis study should be undertaken to understand where these graduates take up their first employment...’

‘Welsh Government should fund secondments within the health profession with the proviso that their college fees are funded as long as they agree to work for 5 years in Wales after qualifying’ (written evidence to the Inquiry, Hywel Dda Health Board, September 2013)

Cardiff and Vale University Health Board notes that a shortage of language training and language awareness training opportunities is a barrier to improving provision:

‘A development of training schemes for primary providers in how to provide Welsh Language care would be advantageous.’ (written evidence to the Inquiry, Cardiff and Vale University Health Board, October 2013)

Similarly, Abertawe Bro Morgannwg University Health Board notes:

‘As this is an issue for the whole of Wales, it needs an all Wales solution. Ringfenced funding for Welsh Language training and resources would be welcomed by the Health Board...However...we would suggest this could initially be targeted in a pilot scheme for independent contractors and community based staff. If such training was negotiated at an all Wales level this would increase the value for money that could be achieved and would enable strict monitoring of benefits ‘ (written evidence the Inquiry, Abertawe Bro Morgannwg University Health Board, October 2013)

Part 3 – More by chance than by design?

The Panel had an opportunity to question the Minister for Health and Social Services on the need to commission and set a specific level of Welsh language courses. The Minister was of the opinion:

'It is important that we make the most of the resources available but it is unclear whether applying a specific level for Welsh language courses is useful.' (oral evidence to the Panel, Minister for Health and Social Services, December 2013)

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The Panel held the view that as so many stakeholders from different sectors had raised matters concerning recruiting and retaining Welsh students, that there was a need to look in greater detail at these matters and to include representatives from all relevant sectors in those discussions.

A number of the comments received referred to 'anecdotal' evidence concerning the factors attracting students from Wales to study in England and beyond, the factors preventing students from returning after graduation or moving to rural or disadvantaged areas. It was noted that gaps in current research and data is a barrier to planning improvement.

One of the main issues in question was how to ensure a year on year increase in the number of students from Wales and especially Welsh speakers studying courses which lead to a career related to primary care here in Wales.

In the first instance, there is a need to understand what compels Welsh students to seek their education outside Wales and how best to ensure a climate and culture where they do stay in Wales. This would require looking at a number of aspects – for example data and research on student entry over many years, analysing and comparing as well as looking at qualitative information from the perspective of the students' aspirations and incentives. It would also require closer contact with Welsh schools especially, creating new contacts and relevant recruitment campaigns. This would be in the context of needing to maintain continuity and increase the number of Welsh students who select relevant courses in order to strengthen the current Welsh language provision and lead to a more comprehensive and flexible provision.

In addition to any discussion relating to determining quotas through traditional entry pathways there is a need for broader discussions on other opportunities as well as the traditional pathways. For example, there is entry into the Cardiff medical course through BSc courses at the Universities of Bangor and South Wales, where 20 students are offered the chance to enrol onto a graduate medical course. There is also scope to look at the type of support and extra opportunities available to ensure a higher number of Welsh speakers through these pathways.

The other aspect which reflected the need to include Welsh Government and Health Boards was the process of workforce planning and commissioning training and evidence suggested to the Panel that there is scope for a specific debate regarding how to address the question of increasing the workforce's capacity to provide Welsh language services.

Part 3 – More by chance than by design?

The Panel noted that examples in other sectors have shown success in the past in increasing the bilingual workforce by funding students and offering work placements:

An example of planning a bilingual workforce

The organization had careful plans to increase the number of the workforce in order to provide a bilingual service. Part of this was a scheme which offered funding to students as well as work placements. The following has been adapted from the organization's website:

'The way in which the organization recruits staff indicates the importance of careful planning in offering the public a language choice. It is one of the most innovative bodies in the way in which it ensures that it can conduct its business with the public through the medium of Welsh. But how exactly does it do this?

Firstly, in order to ensure that the offices operate bilingually, every member of staff must have some basic proficiency in the Welsh language.

Secondly it decides what sort of Welsh language skills are needed, and at what level of ability, for specific posts. For example, Welsh language skills up to a specific level is essential by at least one member of teams, and also the staff working on the reception in all offices are expected to be able to welcome the public and answer the phone bilingually.

It also appoints more Welsh speaking staff to work in offices located in areas where there is a higher percentage of Welsh speakers.

Lastly, it is part of an exciting scheme which is trying to ensure bilingual staff for the future. This scheme offers funding to students following courses partially through the medium of Welsh. This is a joint scheme involving the Coleg Cymraeg Cenedlaethol and others in Wales where students receive funding during their course, together with a 5-week work placement with a bursary.

The job opportunities for Welsh speakers are therefore wide and include:

- first contact posts in reception areas
- management posts
- administrative posts
- higher level posts as team leaders and senior managers.

What is most important is the fact that this specific body looks for different levels of ability in order to carry out the work of the office and its business bilingually. It is the ability to speak Welsh that is important for some posts whilst others require written skills as well. Welsh language skills at a high level are not needed to carry out all posts.'

A possible model for future strengthening of the health education provision across Welsh universities

Cardiff and Swansea Universities in collaboration with Cardiff Metropolitan, Bangor and South Wales Universities have drawn up a proposal for a model to assist in driving improvements in the Welsh medium healthcare education provision throughout Wales. Conditional upon funding by Coleg Cymraeg Cenedlaethol this project would introduce and incorporate language and cultural elements in these courses by means of:

A series of Inter professional and organizational online learning resources that would be:

- encouraging more students to choose the Welsh medium elements within their courses
- enabling schools to introduce Welsh medium provision for the first time
- enhancing the provision for Welsh medium schools
- ensuring relevance for various audiences – future students, undergraduates and post graduates

A series of guidelines on using the resources:

- comprehensive guidance on effective use of the resources in education and learning including examples of case studies and good practice

A close network of healthcare educators across HEI in Wales and across the professions.

A strong identity on the Y Porth E-learning Portal for subjects linked to health through the medium of Welsh:

- a brand to inspire and encourage students (prospective and current) to study through the medium of Welsh
- encouraging learning facilitators to include Welsh medium education
- raising awareness and highlighting the importance of the Welsh language in the context of Medicine and Healthcare and Welsh Government policy outlined in More than Just Words, 2012.
- a platform for the learning resources created and collated as a result of this project.

Study packs for schools and colleges to promote life sciences through the medium of Welsh.

Conclusions

In terms of training, it seems that 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.

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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.

Education providers have an important influence on the primary care workforce of the future in Wales. 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.

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 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.

Part 3 – More by chance than by design?

Technology

Websites

'When choosing a GP there's no simple way of finding out which surgeries offer a Welsh service.' (member of the public, Cardiff and Vale University Health Board area)

One of the survey's findings was that a significant number of patients didn't know how to access information about which primary care providers were able to offer a Welsh medium service (the highest figure was in the south and mid Wales health board areas, namely 66%). 81% of those questioned agreed with the statement:

'The Local Health Board's website should include details regarding the ability of each optician, dentist, pharmacist and GP to speak Welsh.'

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.

Optometry Wales noted that one of the main barriers to receiving Welsh medium services was the lack of information available to patients:

'We do not believe that the current system is in the best interests of the patient. It would be helpful if there was a central database that the patient could access where details of those practitioners who do speak Welsh and are able to conduct sight tests in Wales is easily accessible.' (written evidence to the Inquiry, Optometry Wales, January 2014)

It appears that there is no consistency on providers' websites, with some noting which members of staff can offer a Welsh medium service, and no such information on others.

Part 3 – More by chance than by design?

The Health in Wales website was set up as a central portal to provide convenient information to patients, health service staff and stakeholders:

‘Health in Wales is an outcome of a Patient and Carer Empowerment (PCE) project commissioned by Informing Healthcare for the Welsh Assembly Government to enable people in Wales to become far more involved in their health. One way is to provide reliable information about essential health matters.’¹⁰⁷

On the Health in Wales website, it’s possible to search for local primary care providers:

‘The Home page offers a quick postcode search to local GP, dentists, hospital and pharmacy services under the heading ‘Find Local Services’.

The Directory lets you browse for services by Local Health Board locality or by service type.’¹⁰⁸

The search provides the practice name, location and contact details. There is no information about Welsh language services, although a few surgeries note which GPs speak Welsh. It appears that this is the suitable place to offer information about Welsh language services, as this website evolves to be a comprehensive online information hub for patients.

IT Systems

IT systems are noted as a barrier in terms of the information flow between providers which means that it’s not possible to arrange language appropriate care beforehand in places such as hospitals and clinics. There is no consistency across Wales in terms of the methods of dealing with this 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.

The systems across Wales are currently being upgraded, to the point that only two different systems will be used nationally. This will result in more consistency in terms of information sharing between services in the community and hospitals.

As there is no current consistency between the IT systems of different providers, there is also no consistency in terms of recording patients’ language needs. A number of respondents noted that it is not possible to note patient language on some current systems, or if it is possible, GPs weren’t always aware of the possibility or the need to do this:

¹⁰⁷ www.wales.nhs.uk/nhswalesaboutus/aboutthiswebsite

¹⁰⁸ www.wales.nhs.uk/nhswalesaboutus/aboutthiswebsite

Part 3 – More by chance than by design?

‘Language preference is not currently routinely recorded within GP medical records; there is no field in the current clinical software which specifically records language spoken.’ (written evidence to the Inquiry, Aneurin Bevan University Health Board, October 2013)

However, it is noted:

‘Tendering guidelines for IT systems note that new GP systems should record the service user’s first language.’ (written evidence to the Inquiry, Betsi Cadwaladr University Health Board, October 2013)

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.

In the Commissioner’s overview report on the 2012-13 annual monitoring reports of NHS Trusts and health boards, it is noted:

‘Health bodies and the Welsh Government’s Health Department should take urgent action to ensure that the recording of language choice is mandatory. This is essential in order to ensure that bodies are able to proactively offer Welsh language services. The crux of the current situation is that bodies are not always able to offer users an effective service.’¹⁰⁹

Patient Record Systems

The Royal College of Practitioners in Wales noted:

‘The RCP has long advocated standardised electronic patient records, which can save clinician time and improve patient safety. We have called for the electronic communication of referrals, outpatient letters and discharge summaries between primary and secondary care, using structured documents taken from structured records. The failure to develop these effective communication systems can lead to delays or impaired clinical decision-making.’ (written evidence to the Inquiry, Royal College of Physicians, November 2013)

¹⁰⁹ The Welsh Language Commissioner’s overview report of annual monitoring reports 2012-13

Part 3 – More by chance than by design?

The NHS in Wales is currently introducing the Individual Health Record. This will mean that patient records will be available for local health providers, GPs, nurses, pharmacists and other local medical staff:

'Whenever you receive care or treatment in NHS Wales, information is stored about you, usually on computers. As most NHS Wales computers can't 'talk to one another' the information held about you, for example at your GP practice, hasn't until now been available to other NHS Wales' staff providing care.'¹¹⁰

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The record will include the patient's name, address and contact details. It will note any medication the patient is taking, any allergies and adverse reactions and current problems or diagnosis.

According to the Royal College of Practitioners in Wales, patients should be included like partners in their care:

'We believe that patients should also be able to book appointments, receive reminders and check test results online. They should be able to record and upload their own findings.' (written evidence to the Inquiry, Royal College of Physicians, November 2013)

My Health Online, the health service's website in Wales is a step towards providing patients with this opportunity of being partners in their own care:

Patients can take greater involvement in their own healthcare via the internet, in a similar way to shopping or banking online.¹¹¹

The website will enable patients to book appointments with their GP, request repeat prescriptions and update their general details. As in the Basque Country, for example a patient has the opportunity to note his or her language choice, which means that the health service can be more responsive to language needs. Having said that, we must also remember the large number of patients who wouldn't use the internet or engage with My Health Online, therefore, the responsibility for arranging an effective and safe service should fall upon the provider in the first instance, and the need for them to record their patients' language.

¹¹⁰ www.wales.nhs.uk/sites3/Documents/858/IHRnationalleaflet.pdf

¹¹¹ www.wales.nhs.uk/nwis/page/52549

Conclusions

Although technology offers itself as a suitable platform to share information easily with patients, this isn't true in the case of Welsh language patients. 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. No progress can be made in planning comprehensive bilingual services if Welsh language needs or skills are not recorded consistently and fully across Wales.

The Welsh Language Commissioner's recommendations

Recommendation 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.

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.

Part 3 – More by chance than by design?

Many of the organizations that submitted evidence to the Inquiry were firmly of the opinion that more data and research were required - both quantitative and clinical - to accompany patient stories. Some of the barriers identified were lack of specific research funding sources as well as lack of research capacity. The need to plan and co-ordinate research relevant to the healthcare provision for Welsh speakers across many agencies was also noted, starting with agreement on current gaps in data and evidence.

Research and Data

‘Despite the strengthening policy commitment towards enhancing Welsh language services, there is a paucity of evidence to guide best practice in organisational planning and delivery.’ (written evidence to the Inquiry, School of Healthcare Sciences, Bangor University, January 2014)

Looking at the literature relevant to the Inquiry, it is noted that the health service in Wales does not have a significant body of work in this context; there is a need to identify new research requirements in terms of primary care and the Welsh language during the next few years.

‘Research and the use of research evidence should be used in the design and delivery of services. Excellence in health requires the integration of functions for research, education and practice to achieve innovation and excellence. Unfortunately it appears to take 15-20 years for innovation to get into routine general practice.’¹¹²

However, some data and information is available and increasing gradually. Reviewing this intelligence in the context of Welsh language needs could be useful for service planning.

Welsh speakers: The Census

As noted in Part 1, comprehensive data from the 2011 Census regarding Welsh speakers is available on the Commissioner’s [website](#). Census data can provide useful information about patients and the workforce itself.

There are many references to understanding the needs of the local population in healthcare plans and strategies. A starting point to planning bilingual services on a national and local level is the Census data, indicating where the Welsh speakers are according to geographical area and age.

When assessing local needs in order to be able to plan services effectively in terms of patient care, and cost-effectively in terms of resources, we must turn to these demographic analyses first of all.

¹¹² Address at the ‘Integration, primary care and the changing role of the GP’ conference Professor Joyce Kenkre, Professor of Primary Care, University of Glamorgan, January 2013.

Part 3 – More by chance than by design?

The data reminds us that we need to look at the number of Welsh speakers in an area, as well as the percentage. It's easy to forget that a low percentage of Welsh speakers in one of the most populated areas of Wales could still mean that there is a higher number of Welsh speakers there than in a rural area with a high percentage of Welsh speakers in the local population.

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'It is about equality of access to all of our patients and one in ten of our patients speaks Welsh so it is imperative that we are able to give the same level of service to all! (oral evidence to the Panel, Director of Workforce and Organisational Development, Aneurin Bevan Health Board, December 2013)

Although one respondent was of the opinion that he served an area where no Welsh speakers lived at all, it can be seen from the figures that Welsh or bilingual services are required across Wales. Census data reveals those invisible Welsh speakers with invisible needs, (e.g. the older population or the very young) in areas where there is very little planning to meet those needs.

Alongside the Census data, in order to gain a more in depth understanding of the context, **Statistical Overview of the Welsh Language** (Hywel Jones, 2012) provides comprehensive information on education patterns; language use; skills and bilingual workforce.

Data regarding Welsh speakers within the health workforce may be useful. It shows that fewer than 5% of the men who work in health and social work speak Welsh and 22% of the women who work in the same field are able to speak Welsh.

In terms of the 2001 Census figures:

'17% of health professionals (e.g. GPs) could speak Welsh compared with 31.8% of teaching and research professionals. In 2001, there were about 11,000 health professionals and about 1,900 of these could speak Welsh.

On 30 September 2010, there were 286 GPs in Wales able to speak Welsh, out of 1,991 (an approximate figure: as the two figures are from different sources). Thus about 14% of all GPs could speak Welsh.

The Health Boards publish a directory that lists doctors, and among the details given are the languages the doctors speak. It was calculated from this source, at the end of December 2010, that 7% of all GPs spoke Welsh, far fewer than the percentage given above.'

Part 3 – More by chance than by design?

The importance of using more than one data source can therefore be seen.

The data that already exists for the population and workforce in Wales can help the Welsh or bilingual provision in two ways. The information can help organizations to

- provide more robust information to the public about the nature of the available services
- plan and organise services to meet patient needs

Census data provides only bare figures of course, and other types of information are required to ascertain the reasons underlying language use patterns of Welsh patients, their expectations and specific needs, and to plan an effective relationship between the patient and practitioner. A balance must be struck between data and quantitative research in the health context and the Welsh language. The focus must be on patient experience, bearing in mind 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.'

Local Needs Assessment

According to the Chief Medical Officer in her oral evidence to the Panel on planning bilingual provision:

'One of the areas we need to explore is the idea of practice needs assessments so that we are familiar with our populations...We are looking for evidence for building up locality networks...One of the things we will be pushing for is this idea of 'do you know the needs of the local community and have you articulated those into the plan and the workforce you are trying to design?' (oral evidence to the Panel, Chief Medical Officer, Ruth Hussey, February 2014)

The development of GP clusters or locality networks in health board areas is a policy aim of the Government set out in **Setting the Direction**¹¹³ in which GP clusters work together and with partners across an area to meet local needs and develop services in the community for populations of between 30-50 thousand patients. These networks will jointly plan services and work based on the new Quality and Outcomes Framework (QOF) which enables GPs and their teams to collaborate with others in the network or cluster to develop and improve local care systems. It is therefore important that they have relevant data and information to inform their work.

¹¹³ Setting the Direction, Primary & Community Services Strategic Delivery Programme, Welsh Government 2010

Part 3 – More by chance than by design?

The Public Health Wales Observatory provides a health data and intelligence service on the population of Wales and health services in Wales. Last year the Public Health Wales Observatory published a set of demographic profiles at Health Board level in Wales to support the collaborative work of the clusters or networks in meeting local needs. The information contained population data and details about the public health issues relevant to the population.

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Last year's data did not refer to the language profiles of the areas in question, but as the Census data on Welsh speakers have now been analysed, the Public Health Wales Observatory is able to make full use of the data to feed into their work of providing information to the health service in Wales.

If GP surgeries are expected to assess practice needs in order for the locality networks to be able to serve all the needs of the population, they need demographic data and information, which includes Welsh speakers, in order to plan Welsh or bilingual provision strategically.

Welsh Health Survey

This survey, which is carried out by the Welsh Government, provides annual information about the status of health, illness, lifestyle, children and the use of the health service in Wales.

It illustrates the use of primary care services by people in Wales:

- 17% of adults stated that they had spoken to a general practitioner about their own health during the previous fortnight.
- 71% of adults stated that they had used a dentist during the previous twelve months, 69% had used a pharmacist and 48% had used an optician.
As well as a picture of the main health issues of the population:
- 15% of adults reported that their general health was excellent, 35% very good, 29% good, 15% fair and 6% poor.
- 20% of adults reported currently being treated for high blood pressure, 14% for respiratory illness, 12% for arthritis, 11% for a mental illness, 9% for a heart condition and 7% for diabetes.
- 34% of adults reported that their day-to-day activities were limited because of a health problem or disability, including 16% who were limited a lot.

The Government has recognised the value of including questions about using the Welsh language in the health service in the survey, and data on this will become available in 2015. This data must be considered in conjunction with more extensive data on Welsh speakers in order to add to the information about the health of Welsh speakers thus helping the process of planning appropriate services.

Part 3 – More by chance than by design?

Framework for Assuring Service User Experience

Patient experience is an essential part of the process of improving quality of care and outcomes for the patient. Experience can include the patient's needs and choices and clinical and non-clinical experiences.

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This framework was developed in 2013, by the National Service User Experience Group on behalf of the Government in order to measure patient experience of the health service in a consistent way across the service in Wales. NHS organisations are expected to use the core questions to gather information about the experience of their patients so that this information, as well as any subsequent improvements, is reported back in the Annual Quality Statement.

There are two relevant questions in the context of the Welsh language:

Were you:

- given the support you needed to help with any communication needs?
- able to speak in Welsh with staff if you needed to?
 - Always
 - Usually
 - Sometimes
 - Never
 - Not applicable

(Survey of NHS Wales User Experience 2013)

Again, information gathered from the questionnaire may be useful. Bearing in mind that a high percentage of Welsh speakers, according to this Inquiry's survey report that they are unsure where and when Welsh services are available, the results of the second question may need to be considered in that context. This question is connected, to an extent, to an active offer, and the Inquiry's survey suggests that identifying existing skills and utilising them appropriately should be addressed, and that those services should be offered in a more proactive way in the future.

Wales Cancer Patient Survey

In January 2014, the Government published the results of the first survey of cancer patient experience across the NHS Boards and Trusts. One of the questions asked patients which was their preferred language for receiving information and treatment, and 3% responded that they preferred Welsh.

Part 3 – More by chance than by design?

A follow-up question asked whether the respondents had received the information they needed in their preferred language, but no questions were asked about the treatment or care itself. It was not clear whether those who preferred to receive information and treatment through the medium of Welsh had received the care they needed in their preferred language. However, the results of the survey suggested that the satisfaction levels were higher among Welsh speakers in relation to cancer services.

The move towards mainstreaming the Welsh language in quantitative and qualitative surveys is encouraging. The results should be reviewed to find out whether the methods and the questions produce the necessary information which could lead to improvements in Welsh or bilingual services.

Community Health Councils

Community health councils have an important role in representing patients in health services in Wales. The Panel noted that there were examples of community health councils conducting patient satisfaction surveys either including questions about bilingual services or specifically regarding primary care services through the medium of Welsh. It was noted that it was important to promote the surveys among Welsh speakers and that any information gathered from surveys such as these should lead to action.

Kathy O'Sullivan, Chief Executive of the Board of Community Health Councils stated:

'What it means to the patient is important; it's a driver for CHCs'.

Research and Data

The National Institute for Social Care and Health Research (NISCHR) deals with health data in Wales, and is responsible for developing research policy and strategy in the NHS and social care in Wales on behalf of the Government.

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One of their aims is to maximise the use of routine data for research in order to understand the factors affecting health and illness in the population and how research using routine data can translate into direct benefits for the public in Wales.

One of its current initiatives, for example, is requesting that all GP practices in Wales sign-up to a database (SAIL) in order to have routine primary care data available for research.

Once again, in order for research to be based on robust information about the population in Wales, routine data regarding Welsh speakers must be used, and where data is not available, gaps in intelligence must be addressed.

LLAIS (Language Awareness Infrastructure Support Services) has been part of NISCHR since 2010. LLAIS was established in 2006 to promote language awareness in health and care research in Wales. Their aim is to ensure that any research accurately reflects the nature of the bilingual population, by ensuring the validity of research in a bilingual context, and ensuring that such findings inform suitable bilingual provision and policy. LLAIS offers support to the National Institute for Social Care and Health Research and shares information, resources and good practice among clinical research groups across Wales. LLAIS activities feed into policy and practice which supports the way in which the Welsh medium service can be strengthened for users.

According to LLAIS, it must be ensured that:

- research considers the implications for language choice or need for service users in the context of statutory requirements
 - language is considered from the outset when planning projects
 - awareness of that language is present during every step of the research process.
-

Part 3 – More by chance than by design?

Language awareness research and development is essential across all domains of health and social care but particularly so in the context of Welsh language services and amongst vulnerable groups, as defined by Misell (2000), i.e. people with mental health problems, people with learning disabilities, children and older people.

Raising language awareness...enables research and development that informs language appropriate practice.¹¹⁴

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MI-CYM is a recently launched project consisting of a team of researchers based in Bangor University, funded by the National Institute for Social Care and Health Research (NISCHR). The aim of the project is to 'advise and support the research infrastructure across the bilingual context of Wales on best practice approaches for enhancing language awareness in clinical research'. They support the research community in order to respond to their priorities, developing a programme of work that aims to extend the validation processes of Welsh health measures and enhance their accessibility for the health community and health research across Wales.

According to the team:

'Despite the increasing availability of bilingual healthcare services in Wales, there are limited numbers of health measures available in Welsh. This means that the health status of some Welsh speakers may be misinterpreted; this can jeopardise their care management and challenge the rigour of research conducted in a bilingual context.'

The team's work is therefore essential due to the fact that health measures are being used increasingly in clinical settings in order to assess the health of patients to provide appropriate interventions or services. In the context of a bilingual Wales, as supported by the evidence submitted to the Inquiry, it is essential that assessment methods and health measures are available in Welsh and English, in accordance with the wishes or needs of the individual.

The need to mainstream the Welsh language in quantitative and qualitative questionnaires and surveys in health has been 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/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.

¹¹⁴ LLAIS Strategic Document 2007

Part 3 – More by chance than by design?

Similarly, 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.

Research on the Welsh language and bilingualism in health

In their evidence to the Inquiry, the School Healthcare Sciences at Bangor University provided a useful bibliography listing the latest relevant research in relation to Welsh in health and care, providing a strong evidence base for further planning. This list is reproduced in Appendix 5, with the kind permission of the School of Healthcare Sciences at Bangor University.

There are many early research studies that provide a background to this research, and which share common themes:

- Nurses alternating their use of Welsh and English to improve their communication with bilingual patients (Roberts 1991);
- Bilingual women losing their grasp of English during childbirth (Thomas, 1998);
- English medium pain measures insufficient for Welsh speakers (Roberts 2000);
- Lack of bilingual provision in older people's homes (Cwmni Iaith, 2002);
- The significance of language in mental health services (Madoc Jones 2004).

As noted earlier, the publication of the Consumer Council's report, **Welsh in the Health Service¹⁵ 2000** on the research by Andrew Misell was a turning point in research on the Welsh language in health. This comprehensive report was the first to gather together all the evidence available at the time regarding the situation of the Welsh language in the Health Service. It contains the voice of service users as well as professionals. The report showed a tendency for Welsh speakers to need to use the Welsh language in a healthcare context and it referred to four vulnerable groups - children and young people, the elderly, people with mental health problems, people with learning disabilities. These groups are considered especially vulnerable due to the fact that their care and treatment suffers if they are not treated in their own language. The report also concluded that: there was a lack of awareness regarding Welsh language schemes (the report was published soon after they were established); that the systems for identifying, recording and responding to the patient's preferred language were insufficient; lack of recognition regarding the value of the sector's workforce's bilingual skills. It also concluded that there was a lack of strategic planning for offering bilingual provision in healthcare. Many of the themes are still a cause for concern.

¹⁵Welsh 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.

Part 3 – More by chance than by design?

Bangor University was commissioned in 2004 to carry out the study (**Welsh language awareness in the Healthcare provision in Wales** Roberts et al 2004) on professionals' awareness of the Welsh language in healthcare provision. The purpose of the research was to identify the factors which improve language choice in healthcare. The research proposed a model to be developed on a practical level.

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More recently, a study of the Nursing Education Provision was carried out in 2008, after project funding was secured for the Nursing Network Panel (established in 2006) by the Funding Council. The results of the study showed that there was a need to strengthen language awareness on introducing the curriculum; to strengthen the collaboration across organisations and establish support across the sectors for an all-Wales strategy for bilingual provision. The research also offered an evidence base for the **Nursing Network Panel's Academic Development Scheme**, work that has now come to fruition under the Coleg Cymraeg Cenedlaethol.

In 2008, the Cardiff School of Pharmacy published research on the role of the Welsh language in community pharmacy in Wales, which was a study on the provision across Wales (Hughes et al). The research indicated that any awareness that pharmacy services were available in Welsh depended on local information, and that meant that even the Welsh speakers who used pharmacy services which may be available in Welsh may not realise that. As part of the research programme, another paper was published on matters involving the Welsh language, which highlighted the importance of language choice for bilingual people, as many felt more comfortable explaining their symptoms or problems in Welsh.

Work by Cynog Prys (Use of the Welsh Language in the Third Sector in Wales, 2011), includes useful references to the experience of Welsh speakers using services, drawing useful comparisons with patient experiences. He found that third sector service users tended to receive English medium services because they didn't expect anything else, as their perception was that English was the norm; because they didn't want to cause any trouble, and because they were worried that requesting a service in Welsh would take more time.

In the Care Council Wales and Welsh Government research in 2012 for **More than Just Words**, it was found that receiving a service was a matter of chance. The research outlined the need to gather data on the service user's language use from the onset, in order to shape the subsequent service. Another key conclusion was that the burden of having to ask about language was on the service provider, it was not for the user to have to express the need. This was the research which formed the basis to the Strategic framework for Welsh language services in health, social services and social care, Welsh Government, 2012.

Conclusions

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.

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.

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'. There is a clear need for outcomes research which could be linked to the work conducted with NHS Wales 1000 Lives.

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 and Social Services Department within Welsh Government as appropriate.

Appendix 1: The Inquiry Panel

The terms of reference set out for the Inquiry Panel are set out in brief below:

The role of the panel

- To receive and scrutinize the evidence relating to primary care in Wales by advising the Commissioner on the conclusions and recommendations of the final report of the Inquiry.
- With a range of skills members will provide certainty about the objectivity and thoroughness of the inquiry process.
- Work will be conducted to find the what experiences Welsh speaker have of receiving or failing to receive Welsh language primary care services, the panel will be asked to scrutinize the results of research conducted.
- Panel is asked to scrutinize the adequacy of legislation, policies, standards and codes of practice applicable to primary care in terms of the Welsh language, by identifying gaps , risks and opportunities.
- A call for evidence from practitioners and sector stakeholders will be held, and we will ask the panel to analyze a variety of factors that are central to Welsh language primary care provision by dealing with qualitative evidence , and quantitative and technical evidence in order to identify gaps, risks and opportunities that are relevant to the sector .
- In summary, members are asked to contribute to the process of gathering and scrutinizing evidence and bring their specific expertise to the process. Members are requested to ensure a sound basis for the Commissioner's recommendations in the final report.

Methodology

- Identify and define the issue(s) in question and reach conclusions - panel members to discuss their findings in terms of main themes/risks/opportunities for the Welsh language.
 - Process of inquiry in order to reach a broad understanding, collect comments on themes/issues and reach a consensus on matters which should be addressed further.
 - Inquire in greater depth into individual issues, and note comments and findings.
 - Inquiry - consensus on the findings and any further steps required.
 - Hold oral evidence sessions in order to enable the Panel to question in more detail some organisations or individuals who will have presented evidence.
-

Appendix 1: The Inquiry Panel

Panel members;

Dr Peter Higson (Chairman): Chair of Betsi Cadwaladr University Health Board. Dr Higson was the Chief Executive of Healthcare Inspectorate Wales (HIW) until his retirement in late 2012. He has held several positions with the NHS in Wales. He is also a chartered clinical psychologist, and is an honorary senior lecturer at Bangor University.

Dr Elin Royles: Dr Elin Royles is a lecturer at the Institute of Welsh Politics, Department of International Politics at Aberystwyth University. She is married and has two children and lives in Aberystwyth. Dr Royles represented the voice of the patient on the Panel.

Dr Gareth Llewelyn: Dr Gareth Llewelyn is a Neurological Consultant and a Senior Lecturer at Aneurin Bevan Health Board, Cardiff and Vale University Health Board and Cardiff University Medical College.

Professor Ceri Phillips: Professor Ceri Phillips is a Professor of Health Economics and Head of Research at Swansea University. He has undertaken work for a number of organizations, including WHO, Welsh Government, Department of Health, the Department of Work and Pensions. He was appointed to the Bevan Commission in 2009. More recently he has been involved in the design and development of the Occupational Health Strategy for Wales.

Appendix 2: Call for Evidence from the public and stakeholders

1. Call for evidence from the public or organisations that represent them

We would like to hear about people's experience as patients or service users, family members or carers in the last **12 months**. We would also like to hear from organisations that work with or on behalf of individuals.

What we would like to know

We would like to hear about your experience, good or bad, in receiving, or not receiving Welsh Language Primary Care services as provided by GP practices, dental practices, community and high street optometrists and pharmacists, multidisciplinary teams within the community and NHS Direct Wales. You could tell us about:

- Your first contact with the provider– phone call, visiting the reception, appointment letter, website, general environment
- Being offered or given a service in Welsh
- Face to face services – for example, being able to talk to someone about your situation; diagnosis; care and treatment in Welsh
- Your provider's understanding of your needs
- The importance of being able to communicate in Welsh in the context of:
 - Dignity and respect
 - Effective treatment
 - Your personal wellbeing

By responding you will be contributing to the Commissioner's inquiry and your experience will help the Commissioner in giving advice and recommendations to Welsh Ministers and others in order to improve the experience of patients in Wales.

We are keen to receive evidence over the next few weeks and months but the deadline for receiving evidence will be **30 September 2013**.

The terms of reference explain the reason for the Inquiry and what we will be considering.

2. Call for evidence from the primary care sector bodies or stakeholders

The Commissioner is conducting an inquiry into Welsh language primary care services as provided by GP practices, dental practices, community and high street optometrists and pharmacists, multidisciplinary teams within the community and NHS Direct Wales.

The terms of reference set out the purpose of the inquiry and what will be given consideration and we encourage you to refer to this before preparing your response.

Appendix 2: Call for Evidence from the public and stakeholders

We are keen to receive evidence over the next few weeks and months but the deadline for receiving evidence will be **October 2013**.

The Inquiry officers will conduct the work of gathering evidence. The Commissioner has appointed a panel of experts who will provide guidance to the evidence base providing assistance to the Commissioner in drawing up her final report and recommendations.

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What evidence do we want?

We would like you to provide evidence based on the issues outlined in the terms of reference, this may include:

- How effective is the current provision in terms of meeting the needs of Welsh language speakers and do the structures, systems and processes allow for effective provision?
 - What is the extent of consultation with Welsh language service users in order to understand the strengths and weaknesses of the current provision offered and in order to understand the relationship between Welsh language provision and the quality of care?
 - In your opinion, what are the current barriers to Welsh language provision
 - Locally
 - Regionally
 - Nationally
 - Across sectors, and how can these barriers be overcome?
 - Give consideration to those factors that are central to primary care service provision and how they may lead to ensuring quality of care for Welsh speaking patients.
 - Does legislation, policy, health and professional standards and codes of practice address sufficiently
 - the needs of Welsh speakers
 - the relationship with being able to use Welsh and quality of care?
 - Do you have any examples of good practice/models of excellence that you could share with us?
 - Do you have any evidence, data or further suggestions that could inform improvements to Welsh language provision?
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Appendix 3: Stakeholders who presented written evidence to the Inquiry

Abertawe Bro Morgannwg University Health Board
Aneurin Bevan University Health Board
Bangor University Schools of Healthcare and Medical Sciences
Betsi Cadwaladr University Health Board
BMA Cymru Wales
British Dental Association
Cardiff and Vale University Health Board
Company Chemists Association Ltd
Cwm Taf University Health Board
Cymdeithas yr Iaith Gymraeg
Dyfed Powys LMC
Dyfodol i'r Iaith
Gofal
Hywel Dda Health Board
Macmillan
Older People Commissioner Wales
Optometry Wales
Powys Teaching Health Board
Public Health Wales
RCN
Royal Pharmaceutical Society Wales
Shared Services Partnership
The Royal College of General Practitioners
Welsh Ambulance Trust
Undeb yr Annibynwyr Cymraeg
Welsh Government
Y Gymdeithas Feddygol

The right to use Welsh on a prescription in Wales?

Background

In January 2014 the Commissioner looked into the case that received much press coverage in the Betsi Cadwaladr Health Board area where a patient had to face considerable delay in receiving medicine from the pharmacist. The pharmacist had refused to give the prescribed medicine as he did not understand the instructions written on the prescription for the patient.

The GP had written those instructions in Welsh as a natural part of being responsive to the linguistic needs of the family.

In the pharmacy where this medicine was available the pharmacist did not speak Welsh so the family had to face considerable delay before a translation was obtained in order to process the prescription.

According to professional practice every pharmacist must ensure that all prescriptions are processed with the safety of the patient foremost in mind. If the instructions on the prescription are not clear to the pharmacist, he or she will usually contact the prescriber to ensure understanding. They must be satisfied that patients or carers understand how to use their medicines

Although the relevant legislation¹ does not impose the use of English only or bans the use of the Welsh language on prescriptions, NHS Wales has issued guidelines – the All Wales Prescription Writing Standards, which state ‘directions should be in English’. These guidelines are based on guidance issued by the British National Formulary and NICE that state ‘should preferably be in English’.

The response from the profession

In response to the case in question a representative from the Royal Pharmaceutical Society said, ‘a prescription can be written in any language... how the pharmacist deals with it is key’.

According to the General Pharmaceutical Council, ‘Pharmacists have a responsibility to be proactive in communicating with both their patients and the prescribers’.

Welsh Language Commissioner’s response

The Welsh language has official status in Wales and Part 1 of the Welsh Language Measure (Wales) 2011 states that the Welsh language should not be treated less favourably than English.

¹ The legislation covering prescribing medicines is **The Human Medicines Regulations 2012**. In effect they set out what constitutes a valid prescription. These regulations do not refer to the language of prescriptions

Appendix 4: Case Study

There are examples in Europe and beyond of multilingual prescriptions therefore it is something that pharmacists the world over are dealing with. Relevant UK legislation does not prevent using Welsh to provide instructions on prescriptions for patients so it is legal to do so.

In a letter to the First Minister in February 2014 the Commissioner called for the following steps to be taken:

- the professional guidelines (at both Wales and UK level) should be revised and updated to reflect the official status of the Welsh language in Wales and to ensure that there should be no restrictions on the freedom to use the Welsh language which would be in contravention of Part 6 of the Measure.
- Ensuring that information technology systems that produce prescriptions allow for prescribing in Welsh.

A meeting was held between the Commissioner and the Minister for Health and Social Services on 12 March 2014 to discuss the issue.

The response from Welsh Government and next steps

Welsh language legislation and the strategic framework More than Just Words sets out the requirements of expanding and developing the use of Welsh in the NHS. As a part of this the Government has agreed on the next steps:

- looking at creating a lexicon for Welsh language instructions on prescription for dispensing systems
- looking at identifying and promoting Welsh language pharmacy provision
- mapping the Welsh language skills of the current workforce
- agreeing on a system to look at the number of Welsh speaking students who are training in pharmacy.

The Commissioner will receive an update on progress later in 2014.

Appendix 5: References

Further Reading

In their evidence to the Inquiry, Bangor University School of Healthcare Sciences submitted the following list of resources that cover the most recent and relevant research on the Welsh Language in health and care. The Commissioner was of the opinion that it was appropriate to include it in this appendix for the benefit of those who wish to examine the evidence base in greater detail.

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Standards for embedding language awareness at organisational level

- Roberts G, Burton C, Jones J, Moore B, Hobson L, Hunt S, Williams M, Whale Z, Rycroft-Malone J (2013) ELAN: Embedding Language Awareness in NISCHR CRC. Welsh Government, Cardiff.
- Roberts G & Burton C (2013) Implementing the evidence for language appropriate healthcare systems: the Welsh context. *Canadian Journal of Public Health* 104(6)(Suppl.1):S88-S90.

Model of bilingual provision in healthcare education

- Roberts G, Irvine F, Tranter S & Spencer L (2010) Identifying priorities for establishing bilingual provision in nurse education: A scoping study. *Nurse Education Today* 30, 623-630.
- Roberts G, Irvine F, Spencer L & Tranter S (2008) Scoping Study of Bilingual Provision in Nurse Education. Centre for Welsh medium Higher Education, Cardiff.
- Roberts G & Paden L (2000) Identifying the factors influencing minority language use in healthcare education: a European perspective. *Journal of Advanced Nursing* 32, 1, 75-83.

Methodology for validation of Welsh health outcome measures

- Roberts G, Roberts S, Whitaker R, Tranter S, Prys D, Owen H, Tranter R, Sylvestre Y & Bedson E (2012) Enhancing rigour in the validation of patient reported outcome measures (PROMs): bridging linguistic and psychometric testing. *Health and Quality of Life Outcomes* 10:64.
 - Muntz R, Prys C, Tudor Edwards R & Roberts G (2006) Development of a Welsh language version of the EQ-5D health-related quality of life measure: stage one: translation. *The Psychologist in Wales*. Issue 18, 21-25.
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Welsh language toolkit for dignity in care

- Roberts G, Jones E & Ap Rhisiart D (2011) Dignity in Care: Giving Voice to Older People: Welsh Language Toolkit. Welsh Assembly Government, Cardiff.

Framework for enhancing social capital through language maintenance

- Tranter S, Irvine F, Roberts G, Spencer L, Jones P (2010) The role of midwives and health visitors in promoting intergenerational language maintenance in the bilingual setting: perceptions of parents and health professionals. *Journal of Clinical Nursing* 20, 1/2, 204-213
- Roberts G, Irvine F & Owen H (2010) Assimilating the Twf message into the work of Midwives and Health Visitors. Welsh Language Board, Cardiff.
- Irvine F, Roberts G, Spencer L & Jones P (2008) Twf and Onwards: Impact Assessment and the Way Forward. Welsh Language Board, Cardiff.

Framework for Welsh-medium clinical mentorship

- Roberts G & Pierce S (2012) Cynnal Mentoriaeth Nyrsio trwy gyfrwng y Gymraeg / Supporting Nurse Mentorship through the medium of Welsh. Coleg Cymraeg Cendlaethol, Caerfyrddin

Survey findings of language awareness in healthcare

- Irvine F, Roberts G, Tranter S, Williams L & Jones P (2008) Using the critical incident technique to explore student nurses' perceptions of language awareness. *Nurse Education Today* 28, 1, 39-47.
 - Roberts G, Irvine F, Jones P, Spencer L, Baker C & Williams C (2007) Language awareness in the bilingual healthcare setting: a national survey. *International Journal of Nursing Studies* 44, 1177-1186.
 - Irvine F, Roberts G, Jones P, Spencer L, Baker C & Williams C (2006) Communicative sensitivity in the bilingual healthcare setting: A qualitative study of language awareness. *Journal of Advanced Nursing* 53, 4, 1-13.
 - Roberts G, Irvine F, Richardson J, Earles C, Gareth E & Prys R (2005) Report on a Scoping Study of Language Awareness in Health and Social Care. Wales Office for Research and Development, Cardiff.
 - Roberts G, Irvine F, Jones P, Spencer L, Baker C & Williams C (2004) Report of a study of Welsh Language Awareness in Healthcare Provision in Wales. Welsh Assembly Government, Cardiff.
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Feasibility study to inform the delivery of Welsh language pharmaceutical services

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