

Part 1: Delivery of services by health boards and trusts

Question 1 ±Do you agree that the definitions of clinical consultation and health provision are clear and comprehensive?

Yes	<input type="checkbox"/>	No	X
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Supporting comments

7KH 5R\DO &ROOHJH RI 1XUVLQJ LV VXSSRUWLYH RI Wk
FRQVXOWDWRQV¶ RU KHDOWK FDUH PRUH Welsh Language\

We support the concept of the Active Offer as described in *More than Just Words* and therefore welcome making this offer an explicit legal duty part of the standards.

We also support the recording of the choice of the individual. Reflecting on this data

This duty could also require bodies to have regard to the areas of most need as shown by the number of patient requests or other evidence base (e.g. services for people with dementia or talking therapies) or to increase other Welsh speaking support staff numbers too.

The Royal College of Nursing believes this additional policy duty to increase the number of healthcare professionals practicing in Welsh is far more likely to improve the standard of care for Welsh speakers. It also puts the onus of improvement back where it belongs, with the organisation. The duty as currently stands risks enshrining a sub-standard service for Welsh speakers in legislation.

Standard 140 which requires health bodies to provide training in Welsh on using Welsh effectively in clinical consultations could be significantly improved. Firstly we TXHVWLRQ ZKHWKHU WKH XVH RI μWUDLQLQW FOLCWLK KHU provide such training/education? Only the healthcare professional (the specialist nurse, medical consultant etc) themselves and only in direct relevance to their own field. A learning disability nurse for example will use Welsh effectively in an entirely different way to a surgeon.

Instead we would suggest that this standard is reworded to encompass the annual

clinician has understood the patient. What check is being made of the understanding of the patient? The regulatory requirements remain with the regulated professional.

There is also the significant question of who exactly will be asked to provide this support. A large number of extra staff would be required to provide this service. Translation is a specific professional skillset. This duty appears to confuse the very different situations of providing Welsh language care as clinically appropriate and (indeed about more than just words).

The large amount of evidence on the experience of Welsh speakers in healthcare gathered by the More Than Just Words process and the Ministerial Taskforce on the Welsh Language in Health and Social Care was about needing to improve the holistic experience of care, from assessment and diagnosis to care at the bedside (e.g. request for pain relief, water). Focusing legal attention only on the specific translation of patient compliance/consent is too narrow.

The Royal College of Nursing suggests that instead of simply imposing a duty on the Health Board to respond to the patient who has made the request (and this response is documented as part of the patient record) listing **what means of Welsh Language support the Health Board will provide**. This could cover (and these options should be specified) partial or total support from health care professionals in the Welsh language (these could even be named e.g. specialist nurse or medical consultant), caring support from a healthcare support worker as part of a team, written information or support from non-clinical staff.

In an ideal world exactly the same high quality health care would be provided in the Welsh language as in English. A Welsh speaker would be able to receive an appointment with a Welsh speaking specialist nurse, medical consultant or therapist as clinically appropriate.

However the NHS is currently unlikely to be able to meet the demand for direct Welsh Language clinical consultations. This environment has arisen as a result of the following factors: Welsh speaking healthcare professionals (particularly those who were not clinically educated through the medium of Welsh) may not be confident to practise in Welsh, workforce plans and education commissioning processes do not currently consider sufficiently the need for Welsh speaking healthcare professionals and Welsh speaking language skills are not always considered when managers are allocating staff to services.

The Royal College of Nursing would therefore suggest a further duties be placed on Health Boards which will have the effect of improving standards.

Our suggestion is that policy standard is placed on bodies requiring them to demonstrate that they have taken steps to increase the number of healthcare professionals (i.e. doctors, nurses and therapists) who can practise in the Welsh language year on year.

This duty could also require bodies to have regard to the areas of most need as shown by the number of patient requests or other evidence base (e.g. services for people with dementia or talking therapies) or to increase other Welsh speaking support staff numbers too.

The Royal College of Nursing believes this additional policy duty to increase the number of healthcare professionals practicing in Welsh is far more likely to improve the standard of care for Welsh speakers. It also puts the onus of improvement back w

However the Royal College of Nursing strongly believes duty c) under Standard 25 consultations needs to be expressed differently and with far greater clarity.

Clinical consultations are undertaken by regulated healthcare professionals who have years of education and experience for good reasons. Introducing an extra undefined role into this situation is fraught with the possibility of increased clinical risk for the patient, increased professional risk for the registered nurse and increased organisational risk.

Who precisely is assuring whom of good understanding? For example the regulations specify checking the patient has understood the clinician but not whether the clinician has understood the patient. What check is being made of the understanding remains with the regulated professional.

There is also the significant question of who exactly will be asked to provide this support. A large number of extra staff would be required to provide this service. Translation is a specific professional skillset. This duty appears to confuse the very different situations of providing Welsh language care as clinically appropriate and (indeed about more than just words).

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Yes	X	No	<input type="checkbox"/>
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Supporting comments

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Question 10 ±Do you agree with the proposed exemptions and the reasons why

- b) Attempt to meet and record attempt
- c) Publish annually the Welsh language service availability and number of Welsh speaking healthcare professionals
- d) Publish actions taken to annually increase the number of Welsh speaking health care professionals and service availability.

Part 2: Primary care

Question 11 ±Do you agree that contracted primary care services and services of a similar type provided directly by the local health board should be treated in the same way?

Yes		No	<input type="checkbox"/>
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Supporting comments

This question and section of the consultation document is extremely confusing.

The consultation appears to be proposing that primary care is exempt from nearly all of the service standards. The Royal College of Nursing does not agree with this exemption, we believe the same standards placed on Health Boards should extend to primary care.

- a) Ask for preference and record
- b) Attempt to meet and record attempt
- c) Publish annually the Welsh language service availability and number of Welsh speaking healthcare professionals
- d) Publish actions taken to annually increase the number of Welsh speaking health care professionals and service availability.

Question 12 ±Do you agree with the proposed new standards that place duties on local health boards in relation to primary care services, both contracted and those provided directly?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Supporting comments

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The Royal College of Nursing believes the same standards placed on Health Boards should extend to primary care particularly in the provision of primary care.

- a) Ask for preference and record
- b) Attempt to meet and record attempt
- c) Publish annually the Welsh language service availability and number of Welsh speaking healthcare professionals
- d) Publish actions taken to annually increase the number of Welsh speaking health care professionals and service availability.

Question 13 ±Do you have any other comments in relation to Welsh language provision in primary care services?

Yes	X	No	<input type="checkbox"/>
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Supporting comments

Standard 97 refers to training courses provided by the Health Board and aimed at improving primary care SURYL @waterless of the Welsh language or how it can be used. This is laudable but insufficient.

What is actually needed is Continuous Professional Development for healthcare professionals (including practice nurses) in the Welsh language itself. Healthcare professionals will not feel able to practice professionally unless they are used to learning, reflecting and deploying professional language.

The Royal College of Nursing is strongly in favour of Standard 107 and 107 A. It is critical that the Health Board works to develop the clinical service available in Welsh in each GP cluster.

Standard 83 in which the Health Board publishes the primary care providers who provide service in Welsh is helpful but there also needs to be a clear policy that allows patients to transfer between GP practices on the grounds of a Welsh language service (at the moment patient are restricted by their postcode).

Question 14 We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

Specific Points on the Regulations

It is unfortunate that the consultation itself does not take the reader through the regulations in a logical manner. As a result we have a number of specific queries and concerns on the regulations which are not explained by the consultation.

p.6 here, under definitions the regulations appear to exclude from the definition of the public people acting as employees for others ±how does this impact on paid carers and advocates?

Standard 137, 161 and 165 The Royal College of Nursing strongly supports these