This statement sets out the Welsh Government’s response to the Welsh Language Commissioner’s inquiry into the Welsh language in primary care, as contained in her report, *My Language, My Health*. A full copy of the report, and its recommendations is available at: [www.comisiynyddygyymraeg.org/English/Publications%20List/Health%20inquiry%20full%20report.pdf](http://www.comisiynyddygyymraeg.org/English/Publications%20List/Health%20inquiry%20full%20report.pdf)

I welcome the Welsh Language Commissioner’s inquiry and the recommendations she makes to strengthen the role and the use of the Welsh language in the NHS, particularly primary care services. The Welsh Government is determined to deliver high-quality health and social care services, which respond to people’s needs, including language.

*More than just words*… sets out the Welsh Government’s strategic framework for Welsh language services in health, social services and social care. Now in its second year, it is underpinned by two action plans and recognises that many people can only communicate and participate in their care as equal partners through the medium of Welsh. It sets a goal for vulnerable patients – especially children and older people – to have the choice to be treated through the medium of Welsh without the need to ask, through the active offer commitment.

The Welsh Language Commissioner’s report complements our strategy by informing our future actions.

The Welsh Government is committed to responding positively to the Welsh Language Commissioner’s recommendations and will monitor their implementation through a detailed internal plan. Some of the recommendations will be implemented in a relatively short period of time, however, others may take longer.
Those which require a longer term response will be included in the development of the successor strategy to More than just words… which will start from April 2016.

**Dignity and respect (recommendations six and seven)**

At the core of all arguments for improving the use of Welsh in primary care is patient safety, dignity and respect. This is particularly important for young children and older people for who Welsh is their first language. Failure to do this can adversely affect patient outcomes, as vulnerable patients may only be able to express themselves fully in their first language. This was the underpinning rationale for the development of More than just words… and its commitment to the development an understanding surrounding the active offer process.

The Welsh Government is committed to incorporating the central principle that services must consider issues of Welsh language in all policy formulation – as outlined in the Chief Medical Officer’s annual report. Our policy formulation processes already use impact assessments to consider the needs of and assess the impact on Welsh speakers. We will issue regular reminders via the Chief Medical Officer’s Health Circulars that respect of language choice is a quality measure which must be achieved.

The use of Welsh is built into the Welsh Government’s planning framework for NHS Wales and the recently-published primary care plan for Wales, which promotes the development of local primary care clusters. These 64 clusters will bring together all those health organisations and services in local communities to identify and plan for the health and social care needs of local populations, including their Welsh language needs.

Clusters will need to consider the language needs of their local populations in agreeing their plans, including signposting where the services are available in Welsh – this could be a nearby service, not necessarily the closest, which can meet a person’s Welsh language need. Issues will differ across Wales according to geographic and other demographic factors, which is why practice nurses and receptionists can play such a key role in helping meet people’s language needs.

In Abertawe Bro Morgannwg University Health Board, for example, a speech and language therapist has designed a tool kit for other therapists to help assess Welsh-speaking and bilingual children under three. Staff now have skills to carry out an assessment of early emerging vocabulary issues.

**Quality (recommendations eight, nine and 10)**

The ability to provide services in Welsh is one of the key elements to delivering a quality service, especially for vulnerable groups who find it easier to express themselves in their first language.
More than just words… ensures language choice and the active offer is understood in primary care by providing guidance to all sectors in the NHS about what is required. To strengthen this we will produce a training package to raise awareness of patients’ Welsh language needs by March 2015. The Welsh Government will also engage with professional bodies to work together in planning how Welsh language services can be delivered.

A publicity campaign about the active offer will be launched by March 2016. The Welsh Government will reaffirm the definition of language need, as stated within More than just words… making it clear that Welsh must not be treated less favourably than English. In developing the successor strategy to More than just words… we will explore broadening this definition and assess how this could be delivered through all health, social services and social care sectors by the end of 2016.

We will publish patient experience research to primary care providers as part of the training pack, which will also include patient stories by March 2015. We will ensure staff across the NHS are aware of the link between the language and quality of care as part of the development of the successor strategy to More than just words… by December 2016.

We will also seek to build on examples of good practice, such as the Chief Dental Officer and his team who work closely with Y Gymdeithas Ddeintyddol – a vibrant society, founded in 1991, of more than 60 dentists working in Wales.

Active offer (recommendations 13, 14 and 15)

The Welsh Government is clear the active offer must be reflected in the provision of primary care services. We have a monitoring process in place, which we will report on through the More than just words… annual report.

The National Survey for Wales 2014-15 included, for the first times, two questions for Welsh speakers about their use of Welsh in local health and social care services – “Would you prefer to communicate in English or Welsh with health and social care staff?” and “In the last 12 months, have you used Welsh to communicate with health or social care staff?”

We have also recently announced a change in our approach to Welsh Government household surveys. As part of developing the content for the new survey design we will consider what information could be collected to support the active offer. It will be important to consider the balance of cost, timeliness and usefulness of the information when making decisions about how frequently and at what level of detail to collect.

By the end of 2015, we will consider how the data collected through the future survey approach or the annual GP census can be adapted to provide an assessment in percentage terms of primary care services offered in Welsh to Welsh speakers.

Every NHS organisation in Wales is actively following the guidance in the Framework for Assuring Service User Experience (2013), which sets out the principles for
listening and responding to service users. This makes explicit reference to capturing feedback from Welsh-speaking service users and applies to all services, including those in the community. Feedback is reported through health boards’ quality and safety committees and is key to determining how services should be improved to meet individuals’ needs. The Welsh Government is monitoring implementation of this framework via a national group supported by the 1,000 Lives Improvement Team.

Aneurin Bevan University Health Board has developed a specific strategy to promote the active offer, which has increased understanding among the local population.

**Service planning (recommendations two, 16, 17 and 18)**

Health boards are responsible for assessing the health and wellbeing needs of their populations and planning and providing care to meet those needs.

The updated NHS planning framework and the recently-published primary care plan reinforces evidence that assessing local population needs and planning care is most effective when done for communities of around 25,000 to 100,000 population. Health boards are developing local community-level planning structures – primary care clusters – to support this. These clusters will be in a prime position to identify the Welsh language needs of individuals and local communities, helping primary care to respond more effectively to the principles set out in the Welsh Language (Wales) Measure 2011 and *More than just words*…

The new NHS outcomes framework 2015-16, includes a domain for individual care, which in turn includes a specific outcome relating to accessing care in the Welsh language. We have also ensured that the NHS planning framework includes a schedule of legislative requirements for health boards, including those of the Welsh Language (Wales) Measure 2011.

We will ensure the responsibility for leading the work to improve the Welsh language provision in primary care will be central to that of the new national clinical lead for primary care, who is due to be appointed by March 2015.

**Legislation and policy (recommendations 11, 22 and 23)**

The Welsh Language (Wales) Measure 2011 is the overarching legislation designed to be a single point for statutory requirements relating to the Welsh language.

As we maximise our health and social care system and implement the principles of prudent healthcare, change is inevitable. Assessing and meeting the Welsh language needs of people is an integral part of this programme of change and we will ensure Welsh language issues are considered before any change takes place through an impact assessment. The Welsh Government also publishes an explanatory memorandum and regulatory impact assessment, including specific statutory impact assessments, alongside each piece of legislation.

Any forthcoming legislation – primary or secondary – and all new and revised policies are required to undergo the refreshed Welsh language impact assessment
process which provides additional opportunity for consideration of the need to promote the Welsh language in all policy and legislative proposals.

**Leadership and accountability (recommendations 21 and 27)**

The healthcare system in Wales is under a duty to fulfil its responsibilities under the Welsh Language (Wales) Measure 2011. *More than just words…* makes it clear that strong leadership and ownership of Welsh-language services is vital if we are – collectively – to meet our statutory Welsh-language requirements and ensure the objectives we have set under the strategic framework for health, social services and social care can be met.

The Welsh Government has produced an all-Wales Patient Experience Framework, which is intended to underpin health boards’ annual quality statements. These are expected to reflect the experience of all people, including those who access healthcare in the Welsh language.

**Workforce planning (recommendations three, 12, 19 and 20)**

We are committed to improving the data collected about the availability of Welsh language skills, which will give us a clear picture of any gaps. Careful consideration will have to be given about how to fill any skills gaps and the resources required. We will engage with NHS Wales to determine information available on the needs of Welsh speakers in different primary care settings and geographical locations. This work will inform what additional capacity may be required.

For GPs the primary care cluster work will enable GP practices to work together to ensure Welsh-speaking staff are available. The ultimate aim is to have more Welsh-speaking GPs. In the short term, we want to ensure there are Welsh-speaking members of the primary care workforce available within the cluster area.

Welsh Government officials are in the process of discussing with Community Pharmacy Wales the possibility of all Welsh-speaking community pharmacy staff wearing identifying badges – many already do.

We are preparing bilingual signage, which will include the NHS logo, for display in pharmacy premises. Further promotional material, such as patient information and service provision leaflets, will be introduced to enhance the patient experience for people who have Welsh as a first language. The Royal Pharmaceutical Society has already committed to investigating this, together with other specific initiatives relating to *More than just words…*

Management of the primary care workforce’s language skills will need to be informed by the rollout of Electronic Staff Record 2 with encouragement for all staff to record their skill level. This will give the NHS an accurate picture of language skills, enabling health boards to develop a timetable and plan to fill any gaps in language skill requirements.
Education and training (recommendations 26, 32, and 33)

Education and training must be a key enabler in meeting the language needs of Welsh speakers in primary care.

We will engage with health boards and NHS trusts to ensure their analysis of local population health needs scopes existing and future Welsh-language requirements. NHS Wales, in partnership with education commissioners and providers, should review the current arrangements and identify what further steps are required to deliver training programmes, which can reflect these needs.

Our collective actions will be informed by the outcome of the current review of investment in health professional education and training, led by Mel Evans. The Welsh Government invests more than £350m a year in this area and the review, which will report next year, will consider whether the current arrangements provide value for money for Wales and whether the individuals undertaking these programmes possess the appropriate level of skills, knowledge and experience on completion. It will also consider the current level of Welsh language provision.

Hywel Dda University Health Board is delivering a fully-integrated language skills strategy, which uses a benchmark of the local population to determine an “adequate” number of Welsh speakers needed in teams or services. The health board has identified skill gaps and put in place improvement plans to close the skills gaps within teams.

Information systems (recommendations 28 and 29)

GP clinical systems capture details of patients’ language preferences, enabling information to be shared with other healthcare providers.

We are undertaking a review of our e-Health and Care Strategy and this requirement will be considered in that programme. We are also updating My Health Online to enable people to provide their preference for Welsh when they register.

Betsi Cadwaladr University Health Board which has launched a text message patient information reminder service, which aims to reduce the number of missed outpatient appointments. The new bilingual system reminds every patient about their appointment.

Research and data (recommendations four, five, 24, 25, 30 and 31)

We are committed to improving the way the needs of Welsh speakers are captured across our primary care services.

Welsh Government statisticians will prepare and publish a summary of baseline Welsh-language data, which can be used by primary care providers to plan service improvements. This will include detailed analyses of small area Census data and geographical analysis of the National Survey for Wales questions, alongside any other relevant data, by the end of 2015.
This summary baseline Welsh language data will be used to inform discussions with health boards on development of improvement programmes to deliver better outcomes for Welsh-language users.

The annual Fundamentals of Care Audit, which is being extended to community settings, asks if patients are able to communicate in Welsh with nursing staff in the clinical area, if they wish to. Question six of the NHS Wales service user experience core questions, used in primary and secondary care settings, asks patients if they are able to speak Welsh to staff if they need to.

The Welsh Government’s Knowledge and Analytical Service research teams will work in partnership with relevant Welsh Government departments, and other agencies as appropriate (including the National Institute for Social Care and Health Research) to identify research priorities and build these into the evidence planning process for future years, with the aim of mainstreaming the Welsh language both in primary healthcare and Welsh language planning research.