British Dental Association Wales

Welsh Language Standards (Health Sector) Regulations

Consultation response form

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Responses should be returned by **14 October 2016** to

Welsh Language Division
Education and Public Services
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

or completed electronically and sent to:

e-mail: [redacted]

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	☐	**No**	☒

Supporting comments

It is a stretch to talk about the 'body' and an individual, when the body is a health board and also services that it subcontracts. BDA Wales understands, however,that this is the legal terminology. Members of the public, however, would struggle with the legal definition.

To be clear, in the case of dentistry, it is a named dentist or dental care professional consulting with the patient, in every day parlance.

Question 2 – Is the proposed standard 25 (clinical consultation) practical in the various scenarios described in the consultation document?

Yes	☐	**No**	☒

Supporting comments

BDA Wales does not agree with the assertion that the active offer can only / should only be made at the time of consultation. This is because, if the active offer is made and the patient requires the consultation to be made in the medium of Welsh language and there is no translator or Welsh speaking staff available, then the consultation must be suspended until such time as when the translator is available. This is a waste of an appointment in an overstretched NHS service.

It would be far better for booking systems to be required to ascertain whether the medium of Welsh language will be required so that specific slots when a translator was available could be offered should there be no staff who are native Welsh speakers available. This could be done with online systems as well as telephone systems.

Therefore we categorically disagree that the standards do not require an individual to respond before the time of clinical consultation whether they require Welsh language support. This is not proportionate. It represents a waste of taxpayers' money as the consultation would be wasted if there was no Welsh speaker available.

Question 3 – Is keeping a record, and acting in accordance with the individual's language preference practical?

Yes	☒	**No**	☒

Supporting comments

This is a two part question. Yes to the first part, no to the second part.

It would be possible to keep records in Welsh, should sufficient funding be made available for the changes required to the forms and electronic systems. Also any translation service for consultation requirements needs to include the record keeping and any translation services costs associated - ie the dental care practitioner or dentist who is not a Welsh speaker will need their clinical notes translated in order to make a record in Welsh. This is required as Welsh speaking patients have a right to see their patient records - should they require them in Welsh.

It should be clearly stated that Health Boards will need to find the extra funding required for their contracted dental services to provide this level of Welsh language support.

There are many potential practical pitfalls in providing a service which is not well defined and open-ended - resting entirely with the patients' expectations.

Question 4 – Do you agree with the concept of Welsh language support during clinical consultations?

Yes	☒	**No**	☐

Supporting comments

When a patient has expressed their preference for a consultation in Welsh then it would be the right thing to do to provide this, from an ethical perspective. The problem arises with the practical considerations and how to achieve this if the resources are not all available.

Dentists will always endeavour to do what is right in the interests of patient-centred care, within the resources that are available to them.

Currently the UDA payment system does not include an element for Welsh Language requirements and would need to be adjusted upwards in order to meet the additional ongoing costs. The question, however, is where would that extra money come from and to what detriment elsewhere?

Question 5 – Do you agree that the definitions of case conferences and health-related provision are clear and comprehensive?

Yes	☒	**No**	☐

Supporting comments

Question 6 – Do you agree that case conferences should be treated differently to clinical consultations and other meetings?

Yes	☒	**No**	☒

Supporting comments

The logic described is correct. However, the potential for confusion is a large one if different Health Boards have different standards with which to comply. We welcome the distinction between formal case conferences involving several agencies and the patient, as distinct from those informal and frequent discussions between healthcare professionals when the patient is not present.

Question 7 – Does the list of healthcare professionals at paragraph 38 capture everyone who may be involved in a case conference or meeting that involves only healthcare professionals?

Yes	☐	**No**	☒

Supporting comments

It is not adequate to only refer to dentists and dental assistants. We do not recognise the latter term which should be removed. Within the dental practice there is a range of staff including oral health educators, oral hygienists, orthodontic therapists, dental therapists dental technicians and dental nurses. They could all individually conduct a consultation with the patient and therefore would be required to speak Welsh or through the medium of Welsh language if required.

Moreover - in addition to dentists - oral hygienists, orthodontic therapists, dental therapists, dental technicians and dental nurses are registered with the GDC, so this point is not trivial.

Question 8 – Do you agree with the approach that an individual can expect compliance with the Welsh language standards imposed (if any) on the body who is physically providing or carrying out the clinical consultation or case conference?

Yes	☐	**No**	☒

Supporting comments

Again, the legal definition is likely confusing for the patient as this refers to the Health Board and its contracted services.

As previously implied, anything is possible if sufficient resources are made available; so long as the costs are met by the Health Board.

The nub of the issue is whether such services would work on a reactive basis and the answer to that would be no - the patient's expectations could not be met. Therefore, a proactive set of provisions would need to be made regardless of the likely take up in order meet the expectations of a theoretical single patient. This is potentially a very expensive provision and in such a case at disproportionate cost.

Question 9 – Do you agree that health care provision in prisons should be treated in the same way as other health care?

Yes	☒	**No**	☐

Supporting comments

Yes healthcare provision should be the same in prisons. The question does not mention Welsh language in this context, but if that was the intention the answer is still yes. Prisoners should be accorded the same standards as everyone who accesses NHS services.

Question 10 – Do you agree with the proposed exemptions and the reasons why, e.g. responding to Civil contingencies and emergencies, excluding private hospitals and hospitals outside Wales?

Yes	☐	No	☒

Supporting comments

BDA Wales does not agree with the Welsh language offer being only applicable for residents of Wales as this is **discriminatory**. If the regulations come into force to full effect then - on the basis that Wales is part of the UK and part of the EU currently - there should not be a barrier to Welsh language as part of the health service because of residence.

If the standard are enforced, then wherever and whenever a patient is eligible to receive NHS treatment in Wales they should also be eligible to receive the Welsh language offer and translation service as required, regardless of their normal residence. This applies equally to asylum seekers and refugees. Furthermore Welsh speaking visitors from Patagonia should also receive the Welsh language offer within their healthcare provision, in honour of the historical connection to The Welsh speaking community in Patagonia.

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	☒

Supporting comments

Currently the UDA payment system does not include an element for Welsh Language requirements and would need to be adjusted upwards in order to meet the additional ongoing costs. Alternatively, another way to cover the costs would need to found such as grants. In any case the Health Boards should be footing the bill for contracted dental services to fulfill the enforced Welsh language standards.

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	☐	**No**	☒

Supporting comments

The requirements are onerous and expensive as currently stated in the standards. This will add extra bureaucracy to an already weighed down system. BDA Wales, therefore, cannot support these standards.

BDA Wales considers that - under enforcement of the regulations - health boards should provide translation of signage - at their expense. We also believe that health boards should provide finance for the production and erection of such signage. If necessary as a one off Grant to dental practices.

To be clear, BDA Wales considers that dental practices should NOT have to foot the bill for signage translation, production or erection. Similarly if badges are to be provided by the health board at the cost to the health board then that is considered acceptable within the context of enforcement. The requirement for forms and website information and other literature and information to be provided in the Welsh language if applicable to dental services should be funded by the health boards.

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

Yes	☒	**No**	☐

Supporting comments

BDA Wales is concerned that there no business model offered as part of this exercise, to show an analysis of need of Welsh translation services required for consultations, case conferences, forms and information in paper and electronically, and so on, across the various parts of Wales. Nor is there an analysis of the costs to meet these expected needs. Moreover,and most importantly, there is no financial impact analysis and projected outcome for those finances available for healthcare.

These proposed standards come at a time when, although the costs of providing health care are as always rising, nevertheless savings in the NHS budget are regularly required of budget managers.

The biggest concern to BDA Wales is that money that could be spent on desperately needed

health care services will instead be redirected to expensive translation services. There are already significant parts of Wales where 'new' patients cannot access an NHS dentist because there is no more money from government to provide much needed NHS General dental service contracts. So in those cases these standards are purely theoretical.

This comes at a time of prudent healthcare and it seems to be perverse to effectively be writing a blank cheque from the public purse for translation services and the like when there is only a finite pot of money which over time affords less and less healthcare provision, wherever that pot sits.

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.

The consultation should also consider the likely unintended consequences of the imposition of Welsh language regulations as they apply to dental practices.

At a time when there are shortages of dentists in some parts of Wales, and the Brexit effect is causing dissuasion of European dentists coming to work in Wales, (even before the formal withdrawal of the UK from the EU takes effect), the Perception of the Welsh language requirements in dental practice may impact quite severely the numbers of dentists coming from outside Wales to work in Wales in future, including from England. This effect of Perception by dentists should not be underestimated, particularly against a backdrop of stagnant dental workforce planning.

We want Wales to be an inclusive country, we already have problems recruiting across the healthcare sectors; especially GP's and Dentists. If prospective GP's or Dentists feel that they have to be able to speak Welsh or feel they are being actively encouraged to provide a consultation via translation then it will provide another barrier to recruiting high quality practitioners.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: ☐