

Agenda – Culture, Welsh Language and Communications Committee

Meeting Venue:

Committee Room 2 – Senedd

Meeting date: 6 June 2019

Meeting time: 09.00

For further information contact:

Martha Howells

Committee Clerk

0300 200 6565

SeneddCWLC@assembly.wales

1 The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019: Oral briefing from Welsh Government officials – Private

(09.00–09.30)

(Pages 1 – 3)

Alex Slade, Deputy Director, Primary Care – Welsh Government

Sioned Rees, Head of Escalation & Special Measures Support – Welsh Government

[National Health Service \(Welsh Language in Primary Care Services\) \(Miscellaneous Amendments\) \(Wales\) Regulations 2019](#)

[Explanatory Memorandum to The Making and Laying of The National Health Service \(Welsh Language in Primary Care Services\) \(Miscellaneous Amendments\) \(Wales\) Regulations 2019](#)

2 Private debrief

(09.30–10.00)

3 Introductions, apologies, substitutions and declarations of interest



4 The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019: British Medical Association Cymru Wales and British Dental Association Wales

(10.00–11.00)

(Pages 4 – 32)

Dr Phil White – Welsh General Practitioners' Committee of the British Medical Association Cymru Wales

Dr Ian Harris – Welsh General Practitioners' Committee of the British Medical Association Cymru Wales

Dr Caroline Seddon – British Dental Association Wales

Roger Pratley – British Dental Association Welsh Council

5 The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019: Community Pharmacy Wales and Optometry Wales

(11.00–12.00)

(Pages 33 – 39)

Steve Simmonds – Community Pharmacy Wales

Rhodri Thomas – Community Pharmacy Wales

Sian Walker – Optometry Wales

Break (12.00–12.30)

6 The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019: Cymdeithas yr Iaith Gymraeg

(12.30–13.10)

(Pages 40 – 61)

Heledd Gwyndaf – Cymdeithas yr Iaith Gymraeg

Colin Nosworthy – Cymdeithas yr Iaith Gymraeg

- 7 The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019: Representative of the Welsh Language Commissioner's office**
(13.10–13.50)
Dyfan Sion, Director – Welsh Language Commissioner
- 8 Paper(s) to note**
- 8.1 Correspondence with the Welsh Government regarding undertaking a thematic review of the teaching of Welsh history and culture**
(Pages 62 – 64)
- 8.2 Correspondence with the Minister for Health and Social Services regarding The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019**
(Pages 65 – 69)
- 8.3 Correspondence with the Welsh Government regarding the community radio fund**
(Pages 70 – 73)
- 8.4 Correspondence from the Chair of the Constitutional and Legislative Affairs Committee to the Minister for Health and Social Services**
(Pages 74 – 75)
- 9 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**
- 10 Private debrief**
(13.50–14.00)

Document is Restricted

Agenda Item 4

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Bethan Sayed AM
Culture, Welsh Language and Communications Committee
National Assembly for Wales

16 May 2019

The National Health Service (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019

**Inquiry by the National Assembly for Wales' Culture, Welsh Language and
Communications Committee**
Response from BMA Cymru Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry by the National Assembly for Wales' Culture, Welsh Language and Communications Committee regarding regulations establishing Welsh language duties on primary care providers.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

To begin, it is worth reiterating that BMA Cymru Wales believes as a general principle that we must support the use of the Welsh language within health care settings in Wales for the benefit of Welsh-speaking patients. We very much recognise that it benefits patients to have the ability to communicate with medical practitioners in their first language.

The 2019 regulations laid before the Assembly build on the Welsh Language Standards (No.7) Regulations, a topic on which we provided written and verbal evidence to this

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):

Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestrdig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



committee during early 2018. Our previous evidence¹ outlined our position with regard to the Welsh Language in healthcare and briefly touched upon their applicability in primary care.

As noted in the explanatory memorandum accompanying the new regulations, GPC Wales agreed the introduction of these duties with Welsh Government, as a proportionate means to improve provision of Welsh language services in GP practices across Wales. However, whilst we remain supportive of the aspirations of the legislation, it is appropriate to state that the ongoing and much publicised pressures on general practice in Wales (and beyond) means that some practices will struggle to fulfil some, if not all, of the duties.

We draw your attention to our specific concerns in relation to the common duties below:

1. Notification of the services it can provide through the medium of Welsh

Many practices currently provide services or elements of services through the medium of Welsh, whether informally on a conversational basis courtesy of individual practitioner/patient relationships, or on a more formal basis. Whilst the duty would help to increase patient awareness of the services they can receive through the medium of Welsh, it could also have an unintended consequence. Requiring practices to formally record their 'offered services' could deter some practitioners or staff who, whilst being Welsh speakers, do not feel sufficiently confident in their abilities to describe themselves as being able to provide services through the medium of Welsh, which could affect their propensity to use it informally.

2. Make a Welsh language version of documents or forms provided by Local Health Board available to patients

We agree with the obligation placed on local health boards to provide practices with Welsh language translations of forms and other documentation as required. We would suggest that any costs resulting from having to update stocks of already printed material should be borne by the Health Board.

3. Displaying bilingual text on any new sign/notice relating to services

We would again agree with the obligation placed upon Health Boards under the (No.7) Welsh Language Standards to provide a translation service for signage and other service notices. We note that this applies to new notices or signs only - applying this to all existing practice signs would create additional costs which would impact already stretched practice finances.

¹ BMA Cymru Wales 'Response to Inquiry on Welsh Language Standards (No.7) Regulations 2018', 7 March 2018
www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/uk%20governments/wales/welsh-language-standards-regs-march2018.pdf?la=en

4. Encourage Welsh speakers to wear a badge provided by the Local Health Board

We would encourage this practice, which is an appropriate and achievable means of publicising language choice. In line with our response to the first duty, it must be recognised that a member of staff/practitioner wearing such a badge does not necessarily mean that a practice can offer services through the medium of Welsh. The individual wearing a badge (perhaps possessing conversational Welsh) may feel that they do not possess the skills or confidence to provide 'services' to the public in Welsh and should not feel unduly pressurised to do so. This should be borne in mind for any follow up review activities planned following implementation.

5. Encourage staff to use information and/or attend training courses provided by the Local Health Board to develop their awareness of the Welsh language

As we stated in our previous response to committee, we believe it is entirely appropriate that those working in general practice can benefit from access to Health Board resources in terms of training and related material, in the same manner as directly employed health board staff. However, practices may find it extremely difficult, if not impossible, to release GPs and staff given the current workload pressures and recruitment challenges in Welsh general practice. We would suggest that, in order to fully realise the aspirations of this duty, the costs of access to training (e.g. staff backfill) need to be fully met by Health Boards or Welsh Government.

6. Encourage recording of language preference

We would support the recording of language preference, when appropriate and if possible, using current clinical systems (which are shortly due to change over the coming year in all Welsh practices). However, it is important to state that practices should not be penalised for an inability to meet a patient's language preference, as their staffing or skill mix may not allow for this preference to be realised.

BMA Cymru Wales

May 2019

Welsh Language Standards (Health Sector) Regulations

Consultation response form

Your name:
Dr Caroline Seddon

Organisation (if applicable):
British Dental Association Wales

e-mail/telephone number:
[REDACTED]

Your address:
**Floor 4 Caspian Point 2, Caspian Way, Cardiff Bay,
Cardiff CF10 4DQ**

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

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

Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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:



Community Pharmacy Wales response to the Welsh Government's Welsh Language & Communications Committee request for advice on

The National Health Service (Welsh Language in Primary Care Services)(Miscellaneous Amendments) (Wales) Regulations 2019

Date 20 May 2019

Contact Details
Russell Goodway
Chief Executive
Community Pharmacy Wales
3rd Floor, Caspian Point 2
Caspian Way
CARDIFF, CF10 4DQ
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E-Mail [REDACTED]

Part 1: Introduction

Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with *Sections 83 and 85 National Health Service (Wales) Act 2006* as 'representative of persons providing pharmaceutical services'.

Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to protect and develop high quality community pharmacy based NHS services and to shape the community pharmacy contract and its associated regulations, in order to achieve the highest standards of public health and the best possible patient outcomes. CPW represents all 716 community pharmacies in Wales. Pharmacies are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.

In addition to the dispensing of prescriptions, Welsh community pharmacies provide a broad range of patient services on behalf of NHS Wales. These face to face NHS Wales services, available from qualified pharmacists 6 and sometimes 7 days a week, include, Medicine Use Reviews, Emergency Contraception, Discharge Medicines Reviews, Smoking Cessation, Influenza Vaccination, Palliative Care Medicines Supply, Emergency Supply, Substance Misuse and the Common Ailments services.

CPW is relaxed about the requirements on the new Regulations relating to the use of the Welsh Language in Primary Care however it has some concerns over the way in which the Regulations have been drafted.

Part 2: Observations on the proposed Regulations

CPW is fully supportive of the desire to improve the provision of primary care services to those citizens that use Welsh as their first language and to do so in a practical and deliverable manner.

With the diverse nature of community pharmacy ownership and the lack of direct management links with community pharmacy contractors, CPW is supportive of the proposed delivery mechanism where the requirements of the Regulations fall, in the main, on the health boards to implement and see this as a pragmatic way forward.



CPW is also content with the proposed requirements that will fall directly on the community pharmacy network in Wales from the draft Regulations and recognise them as a reasonable step in improving the use of Welsh in the provision of primary care services.

CPW would however not want to see any significant increase in requirements that fall on the network to provide services through the medium of Welsh, not only in relation to the practicality of delivery but also on the willingness of pharmacists to come to work in Wales. CPW is aware that concerns over not being able to speak Welsh have been stated as reasons why pharmacists and trainee pharmacists do not feel that they are able to work in Wales. Increasing this perceived barrier would negate the benefits derived from the Welsh Government's own *Train, Work, Live* campaign.

CPW does however have concerns about the way that the Regulations have been drafted and believe that the proposed Regulations may not achieve the required improvements.

The requirements in the Regulations fall on a NHS pharmacist delivering '*pharmaceutical services*'. The Regulations state that the definition of *pharmaceutical services* is as stated in regulation 2(1) of the 2013 Regulations. The 2013 Regulations are the *National Health Service (Pharmaceutical Services) (Wales) Regulations 2013*. In these Regulations it states that the definition of *pharmaceutical services* is '*pharmaceutical services that fall within section 80 of the 2006 Act and do not include directed services*'. CPW is of the opinion therefore that the requirements of the Regulations may only apply to the dispensing of prescriptions and the supply of medicines. CPW may not have interpreted the Regulations correctly and therefore CPW would recommend that the Committee seek clarification on this matter as the Regulations will only produce meaningful change if they cover the supply of medicines together with the provision of both NHS Advanced and Enhanced Services.

In relation to the dispensing of NHS prescriptions and the supply of medicines, CPW would wish to ensure that the provision of these services through the medium of Welsh only applies to the conversation between the pharmacist and the patient and not to the provision of patient information leaflets provided with the medicines or the labelling of prescribed medicines, as one would be totally impractical and the other would impact significantly on patient safety.

The Regulations as drafted require NHS Pharmacists to encourage appropriate people to attend health board training courses on Welsh language provision. CPW would recommend that, if this is to be successful, monies are made available to health boards so that pharmacy contractors can be reimbursed for the costs of attending any courses as CPW believe it is unreasonable for the cost of meeting these new regulatory requirements to fall on pharmacy contractors.



Part 3: Conclusion

CPW agree that the content of this response can be made public.

CPW welcomes communication in either English or Welsh.

For acknowledgement and further Contact:

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Chief Executive
Community Pharmacy Wales
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Caspian Way
CARDIFF, CF10 4DQ
Tel: [REDACTED]
E-Mail [REDACTED]





OPTOMETRY WALES ADVICE NOTE COMMUNITY PROVISION OF SERVICES AND THE WELSH LANGUAGE

Optometry Wales is the professional, umbrella organisation for all optometrists, dispensing opticians and optometric practices across Wales. We welcome the opportunity to provide written evidence to the National Assembly for Wales' Culture, Welsh Language and Communications Committee - National Health Service Regulations 2019

Background

Optometrists in Wales currently work to the 1948 General Ophthalmic Services (GOS) Terms of Service. Eye Health Examination Wales (EHEW) Accredited Optometrists also help deliver a national suite of services under the auspices of the Wales Eye Care Service. This includes community based delivery of national Low Vision Services, Acute and Extended Eye Health Examinations, Post Cataract and Monitoring of Suspect Glaucoma and Ocular Hypertensive (OHT) Patients. Each of the 7 health boards across Wales also have locally commissioned enhanced services.

As contractors to the health board, practices are expected to comply with the Primary Care Services and Counter Fraud Post Payment Verification (PPV) visits conducted at various intervals with the aim of enabling the NHS in Wales to ensure that prescriptions and ocular aids prescribed were legitimately provided and appropriately recorded. Contractors wishing to provide GOS services must be listed on the Ophthalmic and Supplementary Lists, kept and maintained by individual Health Boards.

There is no requirement for practices to list when they are open, what languages are offered although there is no legislation in place that prohibits a practice from advertising their services in terms of what they offer in a community setting. Currently the GOC do not list if a practitioner is EHEW or LVSW accredited or what language they speak.

Health Boards do list the name and location of practices and the Companies Act governs the practice within individual companies and the NHS Wales Choose Well app and the www.eyecarewales.nhs.uk website does list EHEW accredited practices.

As all optometric practices are governed by the Companies Act they can advertise via their own websites/yellow pages etc. when they are open and what services they provide.

LANGUAGE PROVISION

At present and following the recommendations as set out in the Welsh Language Act we would advise practitioners not to conduct sight tests or clinical examinations in any other language other than the language in which

they studied. We have concerns about the medico-legal implications of delivering clinical examinations and advice in any language other than English. Optometry Wales also acknowledge that the sector is highly competitive and language services are another area where this competition will undoubtedly stimulate change.

It is our view that a Clinician must adhere to GOC standards of practice (<https://www.optical.org/en/Standards/index.cfm>) where it states that they must:

- give patients information in a way that they can understand. Use personal judgement to adapt your language and communication approach as appropriate (2.1.1)

but also:

- recognise, and work within their limits of competence (6)

The key thing is that the clinician is allowed to use their personal judgement. If they feel uncomfortable conducting an Eye Examination through the medium of Welsh they shouldn't be 'forced' to.

What restricts fluent Welsh Speaking Clinicians from conducting eye examinations in Welsh is:

- they may feel uneasy to discuss clinical findings in Welsh as they have not been taught through the medium of Welsh.
- Clinical words in Welsh are not 'every day' language and as a result, patients/clinicians even though their first language may be Welsh, do not always 'know' these words. Using unfamiliar terminology poses a risk to both patient and clinician and increases the chance of key messages being miss-interpreted

We're aware that many customer concerns and fitness to practice cases stem from poor communication. So as a clinician, prior to conducting an examination through the medium of Welsh, the clinician must assess whether doing so poses any risk to patient safety or their own professional registration

With regards to referrals and other collaborative work, the clinician must ensure that their communication is clear and effective (10.1.1). Records must be 'clear' and 'accessible for all those involved in the patient's care' (8.1). Therefore, the language used in referrals and records can only be English.

We note that Health Boards have a responsibility to provide translation services for patients who require their eyecare through the medium of another language (other than English) but we know that these services can often be difficult to access especially when dealing with a patient who presents with an acute eye condition that might require urgent attention.

We continue to debate this matter with Welsh Government via the EHEW Advisory Group and during separate negotiation with Welsh Government.

We would draw practitioner's attention to the recently published Accessible Information Standards from the Optical Confederation and note that these

standards only apply to England at present but this standard does reflect the position in Wales at present.

<http://www.opticalconfederation.org.uk/downloads/accessibleinfoguidanceopticalconfedjuly16.pdf>

However, we would urge practitioners to contact their local ROC or Health Board and find out if there are voluntary organisations that can help provide these services such as the WEDS service – information available via your local health board. Optometry Wales will continue to liaise with Welsh Government and the EHEW and LVSU Committee's to ensure that practices are both able to support accessible standards for their patients in Wales and to be supported themselves in implementation.

Agenda Item 6

Bethan Sayed AC
Cadeirydd
Y Pwyllgor Diwylliant, Y Gymraeg a Chyfathrebu
Cynulliad Cenedlaethol Cymru

22 Mai 2019

Annwyl Bethan

Sylwadau Cymdeithas yr iaith Gymraeg ar Reoliadau'r Gwasanaeth Iechyd Gwladol (y Gymraeg mewn Gwasanaethau Gofal Sylfaenol)

Diolch am y gwahoddiad i gynnig sylwadau ar y rheoliadau uchod sydd wedi eu gosod gan Lywodraeth Cymru ar ddarparwyr gofal sylfaenol annibynnol, gan gynnwys meddygon teulu, deintyddion, fferyllwyr ac optegwyr, a fydd yn dod i rym ar 30 Mai 2019. Fel y gwyddoch, mae'r sector gofal sylfaenol yn gyfrifol am hyd at naw deg y cant o brofiadau cleifion yn y gwasanaeth iechyd ac, yn wir, y man cychwyn i'r rhan fwyaf ar eu taith ar hyd y llwybr gofal. Am hynny, wrth ystyried yr angen i gynllunio a darparu gwasanaethau trwy'r Gymraeg, mae'n amlwg fod gofal sylfaenol yn haeddu'r brif flaenoriaeth. Yn sgil eithrio darparwyr gofal sylfaenol annibynnol o Reoliadau Safonau'r Gymraeg (Sector Iechyd), mae Cymdeithas yr Iaith Gymraeg yn awyddus i sicrhau fod y dyletswyddau Cymraeg a osodir drwy gontract gyda darparwyr gofal sylfaenol yn adlewyrchu'r flaenoriaeth hon, gan warchod i'r eithaf hawliau iaith a buddiannau cleifion.

Cyn trafod y cynnwys, **rydym yn datgan yn gyhoeddus ein bod yn anfodlon gyda'r modd yr aethpwyd ati i lunio'r rheoliadau; a'r broses ymgynghori ar y canllawiau hyn**, gan nodi'r pryderon penodol a ganlyn:

- Oedi afresymol wrth lunio'r rheoliadau yn y lle cyntaf
- Amserlen afresymol ar gyfer yr ymgynghoriad
- Proses ymgynghori cyfyngedig sydd heb gynnwys barn defnyddwyr gwasanaeth
- Diffyg papurau ar gael trwy gyfrwng y Gymraeg

Dylai'r Llywodraeth fod yn ymwybodol o farn gref Aelodau'r Cynulliad ar y rheoliadau, fel y nodwyd yn adroddiad trawsbleidiol y Pwyllgor Diwylliant ynghylch Safonau'r Gymraeg ym mis Mawrth 2018 (Rhif 7)¹. Fodd bynnag, nid yw'n ymddangos bod y Llywodraeth wedi gwrando ar farn y pwyllgor. Dywed adroddiad y pwyllgor bryd hynny:

*"Un o'r pryderon mwyaf sydd gennym ynghylch y Rheoliadau yw diffyg unrhyw hawl i gael gwasanaethau clinigol wyneb yn wyneb yn Gymraeg neu gyda chymorth Cymraeg ... **dylai'r hawl i gael gwasanaeth yn eich iaith o ddewis fod yn egwyddor sefydledig yn y sector cyhoeddus yng Nghymru**,... Mewn sawl ffordd, y Gwasanaeth Iechyd yw'r gwasanaeth cyhoeddus pwysicaf y bydd y rhan fwyaf o bobl yn ei ddefnyddio. Mae'r syniad na ddylai'r egwyddor sylfaenol hon fod yn gymwys i'r Gwasanaeth Iechyd hefyd, yn ein barn ni, yn annerbyniol."*¹

"O ystyried mai gwasanaethau gofal sylfaenol yw un o'r gwasanaethau a ddefnyddir amlaf gan y cyhoedd, mae'n amlwg yn faes sy'n peri pryder. ... Nodwn

*fod y Llywodraeth yn cynnig gosod 'nifer fach o ddyletswyddau Cymraeg' ar ddarparwyr gofal sylfaenol annibynnol gan ddefnyddio'r contract gofal sylfaenol. Bydd hyn yn creu rhwymedigaethau cytundebol rhwng y Bwrdd Iechyd Lleol a'r darparwr annibynnol a orfodir gan y Bwrdd Iechyd Lleol. Rydym yn croesawu'r dull hwn ond, **heb wybod beth fyddai'r dyletswyddau, bydd yn anodd gwybod p'un a fyddant yn ddigonol i annog gwelliannau gwirioneddol mewn gwasanaethau Cymraeg.**"¹*

Fel Grŵp Iechyd Cymdeithas yr Iaith Gymraeg, rydym wedi craffu ar y rheoliadau a'r memorandwm sy'n gosod chwe dyletswydd gyffredin, sy'n ymwneud â'r Gymraeg, ar ddarparwyr gofal sylfaenol yng Nghymru drwy eu priod delerau cytundeb, contract a / neu wasanaeth â byrddau iechyd lleol. Yn sgil ein trafodaethau, rydym wedi dod i'r casgliad bod **y rheoliadau yn llawer rhy wan i annog gwelliannau gwirioneddol mewn gwasanaethau Cymraeg.**

Wedi i ni ofyn am gyfarfod gyda'r Llywodraeth, cawsom gyfle i drafod ein pryderon gyda Sioned Rees, Prif Swyddog, Iechyd a Gwasanaethau Cymdeithasol, ac roeddem yn falch o gael derbyn gwahoddiad i ddiwygio'r geiriad. Fodd bynnag, ofer bu'r ymdrechion hyn oherwydd ein bod ar ddeall fod y pedwar corff cynrychiadol bellach wedi cytuno'r chwe dyletswydd wreiddiol ac nad oedd yr amserlen yn caniatáu newidiadau pellach. Am hynny, **rydym yn galw ar aelodau'r Pwyllgor Diwylliant, Y Gymraeg a Chyfathrebu i gyflwyno'r diwygiadau a welir isod mewn llythrennau bras**, gan nodi'r rhesymeg a gyflwynir yn y tabl; ynghyd â'r dystiolaeth a gyflwynir yn yr atodiad ynghlwm.

Rhif	Rheoliadau	Diwygiadau CYIG	Rhesymeg CYIG
1	<i>Darparu gwybodaeth i'r Bwrdd Iechyd Lleol am y gwasanaethau gofal sylfaenol mae'r contractwr yn gallu eu cynnig drwy gyfrwng y Gymraeg</i>	<i>Darparu gwybodaeth i'r Bwrdd Iechyd Lleol am y gwasanaethau gofal sylfaenol mae'r contractwr yn gallu eu cynnig drwy gyfrwng y Gymraeg; gan rannu'r wybodaeth honno gyda chleifion ac aelodau'r cyhoedd ar wefan y contractwr ac wrth arddangos arwyddion a hysbysiadau</i>	Mae gosod y claf yn ganolog wrth ddarparu gofal yn egwyddor sy'n sail gadarn i bolisiâu iechyd Cymru. Mae rhannu gwybodaeth gyda chleifion am y gwasanaethau Cymraeg sydd ar gael yn adlewyrchu'r egwyddor hon a phrif amcanion Mesur y Gymraeg 2011.
2	<i>Rhoi ar gael i gleifion ac aelodau o'r cyhoedd unrhyw fersiwn Gymraeg o'r ddogfen a ffurflenni a ddarperir i'r contractwr gan y Bwrdd Iechyd Lleol</i>	<i>Darparu'n rhagweithiol pob dogfen a ffurflen ar gyfer y cyhoedd a/neu gleifion yn Gymraeg, gan sicrhau nad yw'r fersiwn Gymraeg yn cael ei drin yn llai ffafriol na'r Saesneg, gan gynnwys bod y ddogfennaeth Gymraeg ar gael ar yr un pryd, ac</i>	Mae Mesur y Gymraeg 2011 yn pwysleisio na ddylid trin y Gymraeg yn llai ffafriol na'r Saesneg yng Nghymru. Mae'r diwygiadau yn nodi goblygiadau hyn ar gontractwyr wrth iddynt rannu dogfennau gyda chleifion ac aelodau'r cyhoedd.

		yr un mor hwylus, ag unrhyw fersiwn Saesneg.	
3	<i>Arddangos y testun trwy'r Saesneg a'r Gymraeg ar unrhyw arwydd neu hysbysiad newydd sy'n ymwneud â'r gwasanaeth a ddarperir</i>	Arddangos yn Gymraeg unrhyw arwydd, hysbysiad, peiriant, gwefan, neu unrhyw ffordd arall o ddarparu gwybodaeth sy'n ymwneud â'r gwasanaeth a ddarperir (mewn ffordd nad yw'n trin y Gymraeg yn llai ffafriol na'r Saesneg), gan gynnwys, ond nid yn gyfyngedig i, arwyddion, hysbysiadau, tudalennau gwe, systemau ar-lein, systemau rhyngweithiol a pheiriannau hunanwasanaeth	Mae ymrwymo i ddarparu gwasanaethau Cymraeg yn golygu llawer mwy na pharatoi arwyddion a hysbysiadau dwyieithog. Dengys y diwygiadau ystod y cyfleoedd sydd ar gael o ran darparu gwybodaeth ddwyieithog i gleifion.
4	<i>Annog eu staff sy'n siarad Cymraeg i wisgo bathodyn a ddarperir gan y Bwrdd Iechyd Lleol sydd yn cyfleu bod y sawl sy'n ei wisgo yn gallu siarad Cymraeg</i>	Annog eu staff sy'n siarad Cymraeg i wisgo bathodyn / llinyn a ddarperir gan y Bwrdd Iechyd Lleol sydd yn cyfleu bod y sawl sy'n ei wisgo yn gallu siarad Cymraeg neu yn dysgu Cymraeg; a rhannu'r wybodaeth honno gyda chleifion ac aelodau'r cyhoedd ar wefan y contractwr ac wrth arddangos arwyddion a hysbysiadau	Mae Swyddfa'r Comisiynydd yn paratoi ystod o adnoddau 'Iaith Gwaith' sy'n cynnwys llinynnau yn ogystal â bathodynau. Ceir, yn ogystal llinynnau 'Dysgwyr'. Byddai hysbysu cleifion ac aelodau'r cyhoedd am y siaradwyr Cymraeg ymhlith darparwyr yn eu galluogi i baratoi ar gyfer ddefnyddio'r Gymraeg wrth gael mynediad at wasanaethau.
5	<i>Annog y rhai sy'n darparu gwasanaethau i ddefnyddio gwybodaeth a/neu fynychu cyrsiau a digwyddiadau hyfforddi a ddarperir gan y BILL, fel y gallent ddatblygu ymwybyddiaeth o'r iaith Gymraeg (gan gynnwys ymwybyddiaeth o'i hanes a'i rôl yn</i>	Rhyddhau'r rhai sy'n darparu gwasanaethau i ddefnyddio gwybodaeth a/neu fynychu cyrsiau a digwyddiadau hyfforddi a ddarperir gan y BILL, fel y gallent ddatblygu ymwybyddiaeth o'r iaith Gymraeg (gan gynnwys ymwybyddiaeth o'i hanes a'i rôl yn	Cafwyd sawl enghraifft yng Nghymru o aelodau staff y Byrddau Iechyd yn cael eu rhyddhau i ddysgu Cymraeg er mwyn cynnig gwasanaeth Cymraeg i'w cleifion. Mae'r diwygiad yn adlewyrchu pwysigrwydd trefniadau o'r fath a'r modd y gellid eu hymestyn.

	<i>niwylliant Cymru) a dealltwriaeth o sut y gellir defnyddio'r Gymraeg wrth gyflwyno gwasanaethau.</i>	<i>niwylliant Cymru); dysgu Cymraeg, neu loywi eu Cymraeg a datblygu dealltwriaeth o sut y gellir defnyddio'r Gymraeg wrth gyflwyno gwasanaethau.</i>	
6	<i>Annog y rhai sy'n darparu gwasanaethau i sefydlu a chofnodi'r dewis iaith Gymraeg neu Saesneg a fynegir gan neu ar ran y claf</i>	<i>Sicrhau bod y rhai sy'n darparu gwasanaethau yn rhoi cynnig rhagweithiol o wasanaethau Cymraeg a sefydlu a chofnodi'r dewis a/neu angen am iaith Gymraeg a fynegir gan neu ar ran y claf; a throsglwyddo'r wybodaeth honno wrth gyfeirio cleifion ar hyd y llwybr gofal ac at wasanaethau eraill</i>	Dywed Comisiynydd y Gymraeg (2014) fod MNG (LLC 2012) yn gosod 'seiliau cychwynnol ar gyfer cynnig gwasanaethau yn rhagweithiol. Fodd bynnag nid yw'r camau hyn yn ddigon pellgyrhaeddol nac yn cynnig arweiniad digonol i'r sector gofal sylfaenol.' Gyda'r symudiad tuag at integreiddio darpariaeth gofal sylfaenol a chymunedol, disgwylir y bydd systemau electronig dwyieithog yn eu lle a fydd yn galluogi cofnodi'r cynnig rhagweithiol a gofynion iaith cleifion. Yn y cyfamser, nid yw'r diwygiadau yn cyfyngu darparwyr i'r systemau electronig hyn yn unig.

Yn ogystal â'r chwe phwynt uchod, mae'r Gymdeithas yn gryf o'r farn y dylid ychwanegu'r dyletswyddau canlynol, (gweler 7 ac 8 isod) er mwyn annog darparwyr i flaengynllunio o ran recriwtio a dyrannu staff sy'n siarad Cymraeg. Mae cynnal ansawdd gwasanaethau yn hollol ganolog i'r cytundebau. Mae'r diwygiadau yn cydnabod bod unrhyw ymdrech i hwyluso gwasanaethau wyneb yn wyneb yn Gymraeg yn fodd i wella ansawdd y gofal a ddarperir, yn enwedig ar gyfer cleifion bregus.

7) hwyluso gwasanaethau wyneb yn wyneb yn Gymraeg, gan gynnwys mewn derbynfydd a lleoliadau gwasanaeth eraill;

8) hwyluso cyfarfodydd personol yn Gymraeg, gan gynnwys cyfarfodydd sy'n ymwneud â lles personol.

Nodwyd pwysigrwydd eithriadol y ddau gymal uchod gan Aelodau Cynulliad o bob plaid yn eu hadroddiad ar y mater ym mis Mawrth 2018 (Rhif 7)¹.

Ymhellach, credwn fod angen, yn y cytundeb, rôl swyddogol er mwyn i'r Comisiynydd fonitro a gorfodi'r amodau iaith ynddo, megis drwy gymal sy'n amlinellu rôl ffurfiol yn broses gwyno. Fel arall, rydym yn bryderus ynghylch sut y bydd Llywodraeth Cymru yn monitro sut mae'r ddarpariaeth Gymraeg yn gwella o dan y contract newydd, beth fydd y drefn a pha newidynnau a asesir.

I gloi, felly, mae'n fater o bryder a siom i ni, fel mudiad ymgyrchu, nad yw'r dyletswyddau Cymraeg a osodir drwy gontract gyda darparwyr gofal sylfaenol yn gwarchod hawliau iaith a

buddiannau cleifion, fel yr argymhellir yn *Fy Iaith Fy Iechyd* (2014) a *Mwy na Geiriau* (2016). Rydym yn cydnabod bod yr amserlen yn dynn, ond rydym yn dadlau'n gryf bod dyletswydd ar Lywodraeth Cymru a phob un o'r cyrff cynrychiadol i ail-ystyried y diwygiadau yn ofalus. Yn anffodus, nid oes unrhyw un ohonom ar gael i fynychu'r sesiwn dystiolaeth ar 6ed Gorffennaf. Er hynny, hyderwn yn fawr y bydd y sylwadau ysgrifenedig hyn yn dderbyniol i chi a chawn dderbyn eich cefnogaeth.

Yn gywir

Gwerfyl Roberts

Cadeirydd

Grŵp Iechyd Cymdeithas yr Iaith Gymraeg

1. <http://www.assembly.wales/laid%20documents/cr-ld11476/cr-ld11476-w.pdf>

Atodiad 1

Enghreifftiau o ddiffyg darpariaeth cyfrwng Gymraeg yn y sector gofal sylfaenol

Comisiynydd y Gymraeg (2014) Fy Iaith fy Iechyd: Ymholiad Comisiynydd y Gymraeg i'r Gymraeg mewn gofal sylfaenol.

- Mae'r mwyafrif helaeth o siaradwyr Cymraeg rhugl sy'n defnyddio gwasanaethau gofal sylfaenol yn cytuno â'r egwyddorion bod "**cael cynnig gwasanaeth Cymraeg yn fater o hawl**" ac y dylai fod ganddynt "**yr hawl i gyfleu eu hunain yn Gymraeg wrth ddelio â'r gwasanaeth iechyd**" (roedd **82% a 90%** o'r rheini a gyfwelwyd yn cytuno yn y drefn honno)
- Ond dengys canlyniadau'r ymchwiliad mai **Saesneg heb amheuaeth yw prif iaith gwasanaethau gofal sylfaenol i fwyafrif siaradwyr Cymraeg yng Nghymru**. Yn ôl yr arolwg, ar gyfartaledd, **dim ond 28% o brofiadau blaenorol** siaradwyr Cymraeg gyda gwasanaethau gofal sylfaenol a gafwyd drwy gyfrwng y Gymraeg.
- Ond er bod 28% o gyswllt siaradwyr Cymraeg gyda gwasanaethau gofal sylfaenol yn digwydd yn Gymraeg, **dim ond rhwng 3-6% a gafodd gynnig** gwasanaeth neu apwyntiad yn Gymraeg. Mae'r ffigurau hyn yn awgrymu bod **potensial gan y gwasanaethau gofal sylfaenol presennol i gau'r bwch hwn** mewn profiad – mae darpariaeth yno y gellir ei chynnig i gleifion
- Mae'r adroddiad yn nodi **astudiaethau achos** lle cafodd siaradwyr Cymraeg broblemau gyda gwasanaethau gofal sylfaenol am nad oedd modd cyfathrebu drwy gyfrwng y Gymraeg. Fe'u rhennir yn **dri maes eang**, fel a ganlyn:
 - **Iaith a'r gydberthynas glinigol** lle mae diffyg gwasanaeth drwy gyfrwng y Gymraeg, i rai defnyddwyr gwasanaethau, yn brofiad llai cyfforddus:
 - Mae 'Alwyn' yn ei 20iau ac mae'n byw yn ardal Bwrdd Iechyd Prifysgol Hywel Dda gyda'i frawd. Mae un meddyg sy'n siarad Cymraeg yn ei feddygfa leol ond nid yw'n cael gweld y meddyg hwn yn aml. Mae'n teimlo y gall fod yn fwy agored ar faterion iechyd pan fydd yn siarad Cymraeg a bod **cydberthynas gryfach** gyda'r meddyg oherwydd y cyswllt iaith. Pe bai'r gwasanaeth drwy'r Gymraeg fe fyddai yn llai

'strained,' a byddwn yn gallu agor lan mwy. Gallwn drafod materion yn well oherwydd byddai yno berthynas, hynny yw'r iaith, yno yn barod'. (BIPHDd)

- Roedd profiad un o gyfranwyr yr ymchwil yn dangos enghraifft lle mae diffyg cwrteisi yn mynd i dir camwahaniaethu yn ogystal ag achosi **risg i iechyd a lles unigolyn**. Ffoniodd y claf wasanaethau tu allan i oriau'r Meddyg Teulu wedi iddi gael damwain. Pan roddodd ei henw roedd y person ar y ffôn yn meddwl mai enw ffug ydoedd gan nad oedd yn gyfarwydd â'r enw Cymraeg. *'Wedyn mi ffoniais i'r gwasanaeth - a'r ymateb ges i wedyn oedd o'n ffaidd, gofyn am enw'r claf, ac mi ddywedais fy enw, a dyma nhw'n dweud sut wyt ti'n sillafu hwn, ac mi sillafais fy enw tair gwaith, ac wedyn ges i 'that's not a name, it's a meaningless jumble of letters'. So dyma fi'n dweud gallai 'just' dweud fy llythrennau cyntaf yn lle fy enw - a'r ymateb wedyn - os 'dach chi ddim yn fodlon rhoi enw i'r claf dydw i ddim yn mynd i boeni'r meddyg.'* (BAIP)
- **laith a'r ddarpariaeth glinigol** lle mae diffyg gwasanaethau (cyson) yn Gymraeg yn effeithio ar y claf, mae'r astudiaethau achos hyn yn ymwneud yn benodol â phobl hŷn, eiddil a phlant ifanc:
 - Mae 'Sara' yn ei 40au ac mae'n byw gyda'i gŵr a'i thri o blant yn ardal Bwrdd Iechyd Addysgu Powys. Cymraeg yw iaith y cartref. Canfuwyd bod **angen therapi lleferydd ar ei phlentyn** canol. Yn anffodus, nid ydynt wedi gallu dod o hyd i weithiwr ieuchyd proffesiynol a all roi'r therapi hwn i'w mab yn Gymraeg. Yn y pen draw, penderfynodd mai'r unig opsiwn oedd iddi hi gyflwyno'r therapi gan ddefnyddio'r deunyddiau cymorth gan y therapydd di-Gymraeg. Os oedd y plentyn yn cael trafferth â'i leferydd yn ei iaith gyntaf, yna nid oedd ceisio rhoi therapi mewn ail iaith yn gwneud synnwyr iddi. *'Neb ar gael, 'so' yn y pendraw penderfynon ni, [hi a'i gŵr], a finnau mai fi oedd yn mynd i wneud y gwaith adre ... achos os ydi'r plant efo anhawster siarad trwy gyfrwng y Gymraeg sut ar y ddaear maen nhw'n mynd i ymdopi i gael y lleferydd drwy gyfrwng y Saesneg?'* (BAIP)
 - Mae 'Lucie' yn byw o fewn ardal Bwrdd Iechyd Prifysgol Hywel Dda ac mae'n cofio'r profiad o **fynd â'i phlant ifanc at y deintydd**, lle nad oedd unrhyw aelod o staff yn siarad Cymraeg. Yn ystod ymweliad cyntaf ei merch, ynghyd â'i brawd hŷn, roedd y plentyn yn gafael yn dynn ynddi. Roedd yn anodd i'r fam geisio egluro yn Gymraeg beth oedd yn digwydd wrth geisio cysuro'r plentyn ar yr un pryd. Er enghraifft, gwrthododd y plentyn ieuengaf eistedd yn y gadair am ei bod yn nerfus a 'doedd hi ddim yn deall o gwbl'. *'Frustrating', ...bydde hi wedi bod yn ddwy a hanner, a thro cyntaf iddi hi fynd at y deintydd ac oedd hi'n glynu wrtha i, roedd lolo yn y gadair yn eitha' nerfus ac wedyn o'n i'n treial gwneud yn siŵr fod e'n deall beth oedd e fod 'neud, felly oedd e'n eitha' 'stressful''.* (BIPHDd)
 - Mae 'Wil' yn byw yn ardal Bwrdd Iechyd Prifysgol Betsi Cadwaladr gyda'i wraig, a'i fam yng nghyfraith fregus. Anfonwyd gweithiwr ieuchyd proffesiynol nad yw'n siarad Cymraeg i **asesu'r wraig oedrannus oedd â nifer o broblemau ieuchyd**. Nid oedd y wraig wedi arfer siarad Saesneg, a bu raid iddi frwydro i ddeall beth oedd yn cael ei drafod. Roedd yn meddwl eu bod yn trafod ei symud i gartref nyrsio gan na allai ddeall yr hyn oedd yn cael ei ddweud. Roedd y mab yng nghyfraith hefyd yn ddig oherwydd y bu'n rhaid iddo lenwi holiadur hir (yn Saesneg) mewn perthynas â'r asesiad. Yn y pen draw, penderfynodd beidio â chwblhau'r holiadur, a fyddai wedi arwain at gael help ariannol i fodloni gofynion ei fam yng nghyfraith. Ers yr ymweliad, mae ei fam yng nghyfraith yn dal i feddwl ei bod am gael ei symud pryd bynnag y bydd yn gweld pobl yn dod i'r tŷ. Mae Wil yn credu'n gryf, pe byddai'r apwyntiad wedi bod yn Gymraeg, y byddai ei fam yng nghyfraith wedi teimlo'n llawer mwy cartrefol ac wedi gallu deall yr hyn oedd yn digwydd. *'Oedd hi ar goll*

doedd? Dw i'n teimlo y dyla rhywun sy'n dod i weld person naw deg, siarad Cymraeg 'de'. (BIPBC)

- **Asesiad a diagnosis ieithyddol** lle mae siaradwyr Cymraeg o'r farn bod diffyg gwasanaeth yn Gymraeg yn effeithio ar y canlyniad i'r claf:
 - Mae 'Carys' yn byw gyda'i gŵr, a'u dau fab yn eu harddegau yn ardal Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Bu'n rhaid i'w mam ymweld â'r meddyg teulu i gael **prawf dementia**. Fodd bynnag, cynhaliwyd y prawf yn Saesneg. 'ac mi oedd y profion i gyd yn uniaith Saesneg, ac oedan nhw'n gofyn petha eitha' cymhleth'. I waethygu'r sefyllfa i'w mam sy'n siarad Cymraeg, nid oedd yr un o'r meddygon yn siarad Cymraeg, a phan fu'n rhaid iddi geisio meddwl yn Saesneg, dechreuodd ddrysu. *'Oedd 'na un prawf er enghraifft oedd 'na luniau ac oedd hi'n gorfod dweud be oedd be 'lly, ac oedd rhaid i mrawd a finna ada'l y stafall, a ddaethon ni nôl ag oedd hi'n 'agitated' i gyd dach chi'n gwybod, oedd hi wedi ypsetio achos oedd hi methu meddwl... achos y ffaith bod hi'n meddwl yn Saesneg'.* (BIPBC). Mae Carys o'r farn, pe byddai'r prawf wedi bod yn Gymraeg, y byddai ei mam wedi ymateb yn well, ac y byddai wedi bod yn dawelach ei meddwl. Ar un adeg, dim ond y gair Cymraeg am 'delyn' y gallai ei mam ei gofio pan ofynnwyd iddi enwi nifer o ddelweddau, a dywedwyd wrthi ei bod yn anghywir. Roedd hynny'n gofidio ei mam yn fawr. *'Mamiaith Cymraeg ydi hi, ond bod y prawf yn Saesneg a bod hi'n gor'od dweud y gair Saesneg, oedd 'na un enghraifft lle oedd hi 'di methu meddwl am y gair Saesneg am telyn 'de, bechod, oedd hi wedi dweud 'telyn' ac oedd y ddynes 'di dweud 'no' ynde, ac oedd mam yn gwybod mai telyn oedd y llun 'na - ac oedd hi'n methu meddwl am y gair Saesneg - a gan bod y ddynes 'ma'n uniaith Saesneg - chi'n gwybod? Oedd hynna'n 'ypset' iddi hi... y peth cynta' ddudodd hi ar ôl i ni ddod yn ôl oedd 'be ydi telyn yn Saesneg?'* (BIPBC)
 - Mae 'Siân' yn ei 30au ac mae'n byw gyda'i gŵr a'u dau o blant bach, yn ardal Bwrdd Iechyd Prifysgol Cwm Taf. Roedd gan fab teirblwydd oed Siân apwyntiad i weld yr **ymwelydd iechyd** yn y clinig lleol i weld ei **ddatblygiad cyffredinol**. Nid oedd yr ymwelydd iechyd yn siarad Cymraeg ond nid oedd ei mab yn siarad llawer o Saesneg. *'Ac oedd hi'n gofyn iddo fe adeiladu pethe, 'neud jig-so, g'neu lluniau, ac oedd hi'n siarad Saesneg, a doedd hi ddim yn siarad Cymraeg.'* (BIPCTBIPCT) Roedd Siân yn teimlo'n siomedig ac yn ddig na allai weld ymwelydd iechyd Cymraeg, 'o'n i reit siomedig, achos doedd hi methu gweld 'true reflection''. Roedd hefyd yn teimlo'n ddig am fod rhaid iddi gyfieithu popeth i'w mab; nid oedd hyn yn addas ar gyfer rhyngweithio anffurfiol rhwng y gweithiwr a'r plentyn. Nid yw'r plentyn yn clywed llawer o Saesneg yn ei fywyd. Mae o'r farn, pe byddai'r rhyngweithiadau wedi bod yn gyfan gwbl yn Gymraeg, y byddai'r ymwelydd iechyd wedi gallu cael darlun cywirach o ddatblygiad y bachgen a byddai hynny wedi cael ei adlewyrchu yng nghanlyniadau ei brofion. *'Dw i'n siŵr y basa Gruff wedi dod allan yn well yn y prawf, dw i'n siŵr fod marcie fe wedi bod yn llai na be ddyle fe fod - ac yn 'true reflection' o'i ddatblygiad o'.* (BIPCTBIPCT)

Owen H a Morris (2012) Effaith iaith ar adsefydlu corfforol: Astudiaeth o ddylanwad iaith ar effeithiolrwydd therapi mewn cymuned Gymraeg. Gwerddon

- Mae gwaith diweddar Owen a Morris yn **astudiaeth feintiol** i wasanaeth adsefydlu a ddarperir gan dimau cymunedol i gefnogi pobl yn eu cartrefi. Dônt i'r casgliad: *'...nad yw cleifion Cymraeg yn derbyn yr un budd o'r adsefydlu os nad yw aelodau'r tîm adsefydlu yn medru'r Gymraeg.'* Maent yn awgrymu bod: *'effeithiolrwydd a deilliannau therapi yn cael eu*

dylanwadu gan ddefnydd ieithyddol. Yr oedd deilliannau therapi siaradwyr Cymraeg yn sylweddol is na deilliannau therapi siaradwyr di-Gymraeg pan gâ'r therapi ei ddarparu gan therapyddion a thîm di-Gymraeg.¹

Yn sgil canlyniadau'r ymchwiliad, awgrymodd y Comisiynydd (2014) mae **gwasanaeth o ansawdd** i siaradwyr Cymraeg yw un sydd:

- yn weledol ddwyieithog (â hunaniaeth ddwyieithog gyda deunydd ac arwyddion dwyieithog)
- yn darparu gwybodaeth glir i gleifion am y gwasanaethau Cymraeg sydd ar gael
- yn ymwybodol o ba staff sydd ganddo a all ddarparu gwasanaeth Cymraeg neu ddwyieithog a phryd
- â threfniadau mewn lle i ymateb i'r angen am wasanaeth Cymraeg neu ddwyieithog drwy drefnu staff a thrwy gynllunio a recriwtio bwriadus
- â staff di-Gymraeg sy'n meddu ar sgiliau a gwybodaeth i ddarparu gwasanaeth sy'n ieithyddol sensitif (ynganu enwau yn gywir; cyfarchiad dwyieithog; cydnabod hunaniaeth ac yn effro i anghenion iaith)
- â staff sy'n gwybod pan nad ydynt yn gymwys i ddarparu gwasanaeth i berson Cymraeg ei iaith a'r angen i gyfeirio'r achos ymlaen
- wedi adnabod risgiau sy'n gysylltiedig â methu â darparu gwasanaeth Cymraeg i'r claf (ee. o ran cydsyniad; asesiadau a diagnosis) ac wedi rhoi mesurau mewn lle i ddelio â risgiau o'r fath
- yn cofnodi pa iaith sydd orau gan y claf gyfathrebu ynddi ac yn rhannu'r wybodaeth hon gyda'r tîm iechyd o amgylch y claf
- yn cynnig gwasanaethau Cymraeg neu ddwyieithog yn rhagweithiol.

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Bethan Sayed AC

Cadeirydd

Y Pwyllgor Diwylliant, Y Gymraeg a Chyfathrebu

4/1/19

Annwyl Bethan Sayed AC

Gosod dyletswyddau Cymraeg drwy gontract ar ddarparwyr gofal sylfaenol

Ysgrifennwn atoch er mwyn gofyn i'r pwyllgor ystyried y dyletswyddau Cymraeg arfaethedig a luniwyd gan yr Adran Iechyd a Gwasanaethau Cymdeithasol (gweler isod) ac sydd ar fin cael eu cyflwyno gerbron y Senedd.

Fel y gwyddoch, mae'r sector gofal sylfaenol yn gyfrifol am hyd at naw deg y cant o brofiadau cleifion yn y gwasanaeth iechyd ac, yn wir, y man cychwyn i'r rhan fwyaf ar eu taith ar hyd y llwybr gofal. Am hynny, wrth ystyried yr angen i gynllunio a darparu gwasanaethau trwy'r Gymraeg, gellir dadlau fod gofal sylfaenol yn haeddu'r brif flaenoriaeth. Yn sgil eithrio darparwyr gofal sylfaenol annibynnol o Reoliadau Safonau'r Gymraeg (Sector Iechyd), mae Cymdeithas yr Iaith Gymraeg yn awyddus i sicrhau fod y dyletswyddau Cymraeg a osodir drwy gontract gyda darparwyr gofal sylfaenol yn adlewyrchu'r flaenoriaeth hon, gan warchod i'r eithaf hawliau iaith a buddiannau cleifion.

Dylai'r Llywodraeth fod yn ymwybodol o farn gref Aelodau'r Cynulliad ar y mater, fel y nodwyd yn adroddiad trawsbleidiol eich Pwyllgor ynghylch Safonau'r Gymraeg (Rhif 7)¹. Fel y gwyddoch, dywed yr adroddiad:

*"Un o'r pryderon mwyaf sydd gennym ynghylch y Rheoliadau yw diffyg unrhyw hawl i gael gwasanaethau clinigol wyneb yn wyneb yn Gymraeg neu gyda chymorth Cymraeg ... **dylai'r hawl i gael gwasanaeth yn eich iaith o ddewis fod yn egwyddor sefydledig yn y sector cyhoeddus yng Nghymru**,... Mewn sawl ffordd, y Gwasanaeth Iechyd yw'r gwasanaeth cyhoeddus pwysicaf y bydd y rhan fwyaf o bobl yn ei ddefnyddio. Mae'r syniad na ddylai'r egwyddor sylfaenol hon fod yn gymwys i'r Gwasanaeth Iechyd hefyd, yn ein barn ni, yn annerbyniol."*

"O ystyried mai gwasanaethau gofal sylfaenol yw un o'r gwasanaethau a ddefnyddir amlaf gan y cyhoedd, mae'n amlwg yn faes sy'n peri pryder. ... Nodwn fod y Llywodraeth yn cynnig gosod 'nifer fach o ddyletswyddau Cymraeg' ar ddarparwyr gofal sylfaenol annibynnol gan ddefnyddio'r contract gofal sylfaenol. Bydd hyn yn creu rhwymedigaethau cytundebol rhwng y Bwrdd Iechyd Lleol a'r darparwr annibynnol a orfodir gan y Bwrdd Iechyd Lleol. Rydym yn croesawu'r dull hwn ond, **heb wybod beth fyddai'r dyletswyddau, bydd yn anodd**

gwybod p'un a fyddant yn ddigonol i annog gwelliannau gwirioneddol mewn gwasanaethau Cymraeg."

Fel Grŵp Iechyd Cymdeithas yr Iaith Gymraeg, rydym wedi craffu ar y dyletswyddau drafft, gan ddod i'r casgliad eu bod yn llawer rhy wan i annog gwelliannau o'r fath ac yn bell iawn o fodloni argymhellion adroddiad eich pwyllgor. Felly, yn sgil trafod ein pryderon gyda swyddogion y Llywodraeth, roeddem yn falch o gael derbyn gwahoddiad i gynnig diwygio'r geiriad.

Fodd bynnag, ofer bu'r ymdrechion hyn oherwydd ein bod ar ddeall fod y pedwar corff cynrychiadol bellach wedi cytuno'r chwe dyletswydd wreiddiol ac nad yw'r amserlen yn caniatáu newidiadau pellach. Nid ydym yn derbyn bod hynny'n wir, gan i'r Llywodraeth honni'n wreiddiol bod 'cytundeb' rhwng y cyrff yn ein cyfarfod gyda ni, ond wedi i ni holi ymddengys nad oedd cytundeb ffurfiol, ond, yn hytrach, dealltwriaeth rhwng cyrff nad oedd ewyllys gweinyddol i'w newid. Yn ogystal, credwn yn gryf nad lle gweision sifil a chyrff anetholedig yw pennu hawliau cleifion i'r Gymraeg ond, yn hytrach, priod waith y Senedd fel ein corff democrataidd cenedlaethol.

Am hynny, rydym yn galw ar aelodau'r Pwyllgor Diwylliant, Y Gymraeg a Chyfathrebu i wneud safiad wrth i'r dyletswyddau ddod gerbron y Senedd gan ystyried cyflwyno'r diwygiadau a welir isod mewn llythrennau bras:

Y dyletswyddau arfaethedig i'w gosod ar gontractwyr yw:

Rhif	Cynigion Adran Iechyd a Gwasanaethau Cymdeithasol	Diwygiadau arfaethedig Cymdeithas yr Iaith
1	<i>darparu gwybodaeth i'r Bwrdd Iechyd Lleol am y gwasanaethau gofal sylfaenol mae'r contractwr yn gallu eu cynnig drwy gyfrwng y Gymraeg</i>	<i>darparu gwybodaeth i'r Bwrdd Iechyd Lleol am y gwasanaethau gofal sylfaenol yn gallu eu cynnig drwy gyfrwng y Gymraeg; gan rannu'r wybodaeth honno gyda chleifion ac aelodau'r cyhoedd ar wefan y contractwr ac wrth arddangos arwyddion a hysbysiadau</i>
2	<i>manteisio ar y gwasanaeth cyfieithu a gynigir gan y Bwrdd Iechyd Lleol er mwyn darparu arwydd dwyieithog wrth osod arwydd mewn cysylltiad â gwasanaethau a ddarperir ar ran y Bwrdd Iechyd Lleol</i>	<i>manteisio ar y gwasanaeth cyfieithu a gynigir gan y Bwrdd Iechyd Lleol er mwyn darparu gwybodaeth a chynnig gwasanaethau Cymraeg (mewn ffordd nad yw'n trin y Gymraeg yn llai ffafriol na'r Saesneg), gan gynnwys, ond nid yn gyfyngedig i, arwyddion, hysbysiadau, tudalennau gwe, systemau ar-lein, systemau rhyngweithiol a pheiriannau hunan-wasanaeth</i>
3	<i>Rhoi ar gael i gleifion a ac aelodau o'r cyhoedd unrhyw fersiwn Gymraeg o'r ddogfen a ffurflenni a ddarperir i'r contractwr gan y Bwrdd Iechyd Lleol</i>	<i>cynnig yn rhagweithiol i gleifion ac aelodau o'r cyhoedd unrhyw fersiwn Gymraeg o'r ddogfen a'r ffurflenni a ddarperir i'r contractwr gan y Bwrdd Iechyd Lleol, gan sicrhau bod y ddogfennaeth Gymraeg ar gael ar yr un pryd, ac yr un mor hwylus, ag unrhyw fersiwn Saesneg</i>
4	<i>annog eu staff sy'n siarad Cymraeg i wisgo bathodyn a ddarperir gan y Bwrdd</i>	<i>annog eu staff sy'n siarad Cymraeg i wisgo bathodyn / llinyn a ddarperir gan y Bwrdd Iechyd Lleol sydd yn ymfleu bod y sawl sy'n ei wisgo yn</i>

Iechyd Lleol sydd yn cyfleu bod y sawl sy'n ei wisgo yn gallu siarad Cymraeg

gallu siarad Cymraeg neu yn dysgu Cymraeg; a rhannu'r wybodaeth honno gyda chleifion ac aelodau'r cyhoedd ar wefan y contractwr ac wrth arddangos arwyddion a hysbysiadau

annog a darparu cyfleoedd ar gyfer eu staff i fynychu cyrsiau hyfforddiant a digwyddiadau a drefnwyd gan y Bwrdd Iechyd Lleol, a rhoi ar gael i'r staff wybodaeth a ddarparwyd gan y Bwrdd Iechyd Lleol, i ddatblygu eu hymwybyddiaeth o'r Gymraeg a dealltwriaeth o sut i ddefnyddio'r Gymraeg yn y gweithle

rhyddhau staff i fynychu cyrsiau hyfforddi a digwyddiadau a drefnwyd gan y Bwrdd Iechyd Lleol, a rhoi ar gael i'r staff wybodaeth a ddarparwyd gan y Bwrdd Iechyd Lleol, i ddatblygu eu hymwybyddiaeth o'r Gymraeg, i'w dysgu, neu gloywi eu Cymraeg a dysgu sut i ddefnyddio'r Gymraeg yn y gweithle

6 annog cofnodi'r cynnig rhagweithiol a dewis iaith cleifion

cofnodi'r cynnig rhagweithiol a dewis / angen iaith cleifion; a throsglwyddo'r wybodaeth honno wrth gyfeirio cleifion ar hyd y llwybr gofal ac at wasanaethau eraill

Yn ogystal â'r chwe phwynt uchod, mae'r Gymdeithas yn gryf o'r farn y dylid ychwanegu'r dyletswyddau canlynol er mwyn annog darparwyr i flaengynllunio o ran recriwtio a dyrannu staff sy'n siarad Cymraeg:

- 1. hwyluso gwasanaethau wyneb yn wyneb yn Gymraeg, gan gynnwys mewn derbynfeydd a lleoliadau gwasanaeth eraill;**
- 2. hwyluso cyfarfodydd personol yn Gymraeg, gan gynnwys cyfarfodydd sy'n ymwneud â lles personol.**

Nodwyd pwysigrwydd eithriadol y ddau gymal uchod gan eich pwyllgor yn eich adroddiad ar y mater y llynedd.

Ymhellach, credwn fod angen yn y cytundeb rôl swyddogol er mwyn i'r Comisiynydd fonitro a gorfodi'r amodau iaith ynddo, megis drwy gymal sy'n amlinellu rôl ffurfiol yn broses gwyno.

Hyderwn yn fawr y bydd ein sylwadau uchod yn dderbyniol i chi a chawn dderbyn eich cefnogaeth.

Yn gywir

Gwerfyl Roberts

Cadeirydd, Grŵp Iechyd, Cymdeithas yr Iaith Gymraeg

By virtue of paragraph(s) vi of Standing Order 17.42

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Kirsty Williams AM,
Minister for Education
Welsh Government

7 May 2019

Dear Kirsty,

Thank you for your response to my inquiry about the teaching of Welsh history and culture in schools.

Since my letter the Welsh Government has published the Curriculum for Wales 2022. The Committee will be looking at this more closely in the context of our inquiry in the coming weeks. Thank you for making your officials available to give us a briefing on the draft new curriculum.

As part of our inquiry we also wrote to Estyn to find out what information they hold. They gave us a summary of evidence from their thematic review ‘Good practice in the humanities’ and extracts from their inspection work.

In answer to our question about the feasibility of conducting a thematic review on this topic, Meilyr Rowlands replied:

‘I welcome the opportunity to undertake a more comprehensive thematic review of the teaching of Welsh history and culture through our annual remit. You will be aware that the Minister for Education recently wrote to me outlining her priorities for thematic reviews within our annual remit for 2019–20. There is capacity for one additional review each year. You may wish to discuss with the Minister whether this work could be agreed as an additional item this year. Alternatively, it could be considered as part of next year’s annual remit to Estyn.’

The Committee would be grateful if you would consider tasking Estyn with a thematic review on the teaching of Welsh history and culture as part of their

terms of reference for 2019–20. We are keen to understand not only how learners engage with the history of their country but the extent of the teaching and how it is assessed.

Please can you respond to this request by 31 May in order for me to update the stakeholders who called for an inquiry into this topic?

Yours sincerely,

A handwritten signature in black ink that reads "Bethan Sayed." The signature is written in a cursive, flowing style.

Bethan Sayed

Chair of the Committee

Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/KW/1784/19

Bethan Sayed AM
Chair
Culture, Welsh Language and Communications Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

23rd May 2019

Dear Bethan,

Thank you for your letter of 7 May regarding the Culture, Welsh Language and Communications Committee's ongoing work on its inquiry into the teaching of Welsh history and culture in schools.

You ask that I consider tasking Estyn to undertake a thematic review on teaching in this topic area, as part of the 2019-20 annual remit.

As indicated in your letter, there is indeed capacity for an additional review on a chosen topic to be carried out in 2019-20. I note the comments made by the Chief Inspector in relation to this issue. I will explore the matter with the Chief Inspector and update you in due course.

Yours sincerely

Kirsty Williams AC/AM
Y Gweinidog Addysg
Minister for Education

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Vaughan Gething AM,
Minister for Health and Social Services
Welsh Government

10 May 2019

Dear Vaughan,

**The National Health Service (Welsh Language in Primary Care Services)
(Miscellaneous Amendments) (Wales) Regulations 2019**

I note that the Regulations relating to the Welsh language standards for primary health care providers including general practitioners, dentists, pharmacists and opticians were laid yesterday. I also note that they are due to come into force on 30 May 2019.

I am extremely concerned that the Committee has not been given sufficient time to consider them, particularly after I emphasised how important it was for us to have more than 21 days to consider them when we looked at the previous set of Regulations in March of last year.

The need for more consideration time was made clear in our Committee report and I brought it up during the Plenary debate on 20 March. I spoke then about our frustration with the rushed timetable and the fact that our stakeholders and Members felt there was insufficient time to consider the implications of the legislation properly.

In response to our concerns, Eluned Morgan AM, Minister for International Relations and the Welsh Language said:

I am highly aware that you didn't have a great deal of time to look at this, but we have complied with the 21 days that is usually in place. However, I do accept that perhaps we can look at expanding

that, if that's created a problem on this occasion. But that's the way it's always been done. But as a point of principle, I do think that we can extend the time in future.'

Given these comments, the Committee Clerk wrote to Welsh Government officials in the Legislative Programme and Governance Unit on three occasions between December and January 'to confirm that the Committee will have more than the minimum 21 days to consult on and scrutinise the regulations.' No reply was received.

I am sure you can understand how disappointed I am therefore, at finding we have, again, been given the very bare minimum of time to scrutinise this important piece of subordinate legislation.

In fact, by setting the date for the Regulations to come into force on 30 May, which includes a Bank Holiday, Privilege Day and Recess period, you have effectively given us only 10 working days to consult our stakeholders, discuss this issue and report on it to the Assembly.

I am not prepared to compromise the work of the Committee by rushing this activity. Please can you postpone the coming into force date to the third week in June? It is essential that we have time to properly scrutinise the legislation because of the importance it has for this group of service users and primary care providers.

During the debate on the previous set of Regulations relating to primary care providers the Minister acknowledged this is a contentious issue and the need for it to be discussed thoroughly with all those it will affect.

Due to the urgency, please can you reply by email or telephone as soon as possible or ask one of your officials to speak to the Committee Clerk, Martha


Cynulliad Cenedlaethol Cymru
Y Pwyllgor Diwylliant, y Gymraeg a Chyfathrebu

National Assembly for Wales
Culture, Welsh Language and Communications Committee

Howells, who can be contacted on [REDACTED] or by e-mail at

[REDACTED]

Yours sincerely,



Bethan Sayed

Chair of the Committee



Ein cyf/Our ref MA - L/VG/0447/19

Bethan Sayed
Chair
Culture, Welsh Language and Communications Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

20 May 2019

Dear Bethan,

Thank you for your letter of 10 May.

The National Health Services (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019 relate to placing Welsh language duties not standards on independent primary care providers (IPCPs) through the relevant primary care contracts and terms of service. These duties will be incorporated into the following Regulations ('the Services Regulations') –

- The National Health Service (General Ophthalmic Services) Regulations 1986;
- The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004
- The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006
- The National Health Service (Personal Dental Services Agreements) (Wales) Regulations 2006; and
- The National Health Service (Pharmaceutical Services) (Wales) Regulations 2013

The approach we were taking with IPCPs was shared with the Committee during the scrutiny on Welsh Language Standards (No. 7) Regulations 2018 ('the 2018 Regulations') for the health sector and were consulted on with the representative bodies of the IPCPs by way of consultation in February 2018 i.e. –

- Chair, General Practitioners Committee Wales
- Chair, Welsh General Dental Practitioners Committee Wales
- British Dental Association Wales National Director
- Chair, Community Pharmacy Wales
- Chair, Optometry Wales

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.


Discussions were also held with the Welsh Language Commissioner on the 6 duties for IPCPs during 2018/19. The Welsh Language Commissioner indicated that, as they have not previously been subject to Welsh Language schemes, and based on capacity and capability in primary care, she was content that the duties are reasonable and appropriate at this time for the IPCPs.

The date of the duties coming into force on 30 May is to coincide with when most of the Welsh Language Standards for the health sector will come into force, in line with the compliance notices for health bodies which were issued by the Commissioner on 30 November. The duties for IPCPs support the service delivery Welsh language standards for Local Health Boards in relation to primary care.

In response to the email queries, Welsh Government officials spoke to officials in the Assembly Commission to provide an update on the progress of the Regulations and, when the position was confirmed, to advise them that the regulations would be made via the negative procedure. As you will be aware, under Standing Orders 21 and 27, there is no provision for a Committee other than the responsible Committee, i.e. the Constitutional and Legislative Affairs Committee, to report on an instrument subject to the negative procedure. However, I recognise the interest of the Committee in the amendments and would like to offer a technical briefing with my officials.

The approach we are taking with IPCPs has not changed since it was shared during the consideration on the Welsh Language Standards (No. 7) Regulations 2018 ('the 2018 Regulations') for the health sector. As the process follows a negative resolution procedure and the duties coming into force ties in with the Welsh Language Standards for the health sector compliance notices I am not prepared to postpone. In any case, as the SI is now made we cannot simply delay the coming into force date, it would mean having to revoke and remake the SI and any changes would require re-opening the consultation and agreement with the representative bodies.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 8.3

Lord Dafydd Elis-Thomas AM
Deputy Minister for Culture, Sport and Tourism
Welsh Government

3 May 2019

Dear Dafydd,

Thank you for your response to my letter about support for community radio stations.

It is encouraging to hear that the Government's planned campaigns on Positive Parenting and the Valleys Taskforce will be using community radio stations and that more opportunities have been identified to use them in future. I am grateful to you for writing to all the agencies the Welsh Government uses to promote your public information campaigns to remind them to include community radio in their advertising plans.

Please can you provide the Committee with the details of the value of the Government's advertising on community radio collated by the Framework manager when it is available? This will give us a clearer picture of the extent to which community radio is being supported by the Government.

The Committee will be holding a Community Radio Stakeholder Event on 20 June in Cardiff. We have invited representatives to discuss the issues facing local radio and community radio in particular and we will have a chance to consider your response in more detail. In advance of this, I would like to ask for more information on potential financial support for the sector.

In response to our recommendation that the Welsh Government reinstate a Community Radio Fund you said:

'our position in relation to re-establishing the Fund has not changed and this would need to be considered in line with other competing priorities. A compelling case would need to be made that a new Fund would significantly add value to the availability

and impact of community radio across Wales, especially as stations in Wales are already able to apply for funding from the Community Radio Fund operated by Ofcom.'

Please can you clarify what criteria will be used to judge a compelling case for re-establishing the fund? That way, we can focus our discussions at the stakeholder event. The attendees have already indicated that they are keen to address this issue on the day and I would like to brief our Members in advance.

Please can you respond to this request by 31 May in order for me to update the stakeholders who called for an inquiry into this topic?

Yours sincerely,



Bethan Sayed

Chair of the Committee

Yr Arglwydd Elis-Thomas AC/AM
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth

Deputy Minister for Culture, Sport and Tourism



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA - P/DET/0364/19

Bethan Sayed AM
Chair
Culture, Welsh Language and Communications Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

21 May 2019

Annwyl Bethan,

Thank you for your correspondence dated 3 May in relation to community radio in Wales.

In the Welsh Government's response to the Committee report, and in my correspondence dated 9 April, I outlined our position in relation to the Welsh Government's previous Community Radio Fund.

The media landscape has evolved significantly in recent years. The ways people find and consume information are changing, including at the local level. It is unclear therefore that a new Welsh Government Community Radio Fund would have the same impact on the availability of local information as it did previously - especially as stations in Wales are able to apply to the Community Radio Fund operated by Ofcom. We are not aware that the community radio sector in Wales has any concerns about the Ofcom fund. Last year Ofcom issued an invitation to apply for improvements to existing coverage and coverage extensions for community radio services and we understand there was significant interest from stations in Wales¹. Ofcom is still processing the applications at present.

¹ See the section headed "Coverage improvement and extension requests" here: <https://www.ofcom.org.uk/manage-your-licence/radio-broadcast-licensing/monthly-updates/radio-broadcast-update-march-2019>

Bae Caerdydd • Cardiff Bay
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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

If a compelling, evidence based case were to be provided, clearly demonstrating any significant, additional impacts that a new Wales based fund might have in the current media climate, it would be considered in line with other competing priorities and budget pressures.

As outlined in my letter dated 9 April, advertising agencies have been asked to provide details to the Framework manager of engagement work along with advertising value they undertake on any Welsh Government campaigns. This will enable us, moving forward, to gather these details and values on a six-monthly basis and we will provide an update to the Committee when the first set of figures become available.

Yn gywir

A handwritten signature in black ink, appearing to read 'J. Elis-Thomas'.

Yr Arglwydd Elis-Thomas AC/AM

Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

Vaughan Gething AM
Minister for Health and Social Services

29 May 2019

Dear Vaughan

**The National Health Service (Welsh Language in Primary Care Services)
(Miscellaneous Amendments) (Wales) Regulations 2019**

At its meeting on 20 May the Constitutional and Legislative Affairs Committee considered the above-named Regulations.

The Committee wishes to endorse the points raised by the Culture, Welsh Language and Communications Committee in its letter to you dated 10 May. We recognise that the timeframe for considering these Regulations complies with the “21 day” rule. However we support the concern that this has not allowed sufficient time for scrutiny on this occasion.

In addition, the Committee expressed concern that at the time of our meeting the Explanatory Memorandum attached to the Regulations was laid in English only. We are aware that the Welsh Government predominantly tables its Explanatory Memoranda in English only, in accordance with Standing Order 15.4, and we note that a Welsh language version of this Explanatory Memorandum has since been made available. However, we remain disappointed at the delay in its production and subsequently we would like to seek further clarification from you on the Welsh Government’s policy on translation of such documents.

Yours sincerely



Mick Antoniw AM
Chair



Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.

cc. Bethan Sayed AM, Chair, Culture, Welsh Language and Communications
Committee
Dai Lloyd AM, Chair, Health, Social Care and Sport Committee

