BRITISH SIGN LANGUAGE (SCOTLAND) BILL:
FINANCIAL MEMORANDUM SUBMISSION
FROM NHS LOTHIAN

Consultation
*Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?*

1. NHS Lothian was not aware a consultation was taking place and therefore did not respond.

*If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the FM?*

2. N/A

*Did you have sufficient time to contribute to the consultation exercise?*

3. N/A

Costs
*If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.*

4. It appears no costs have been estimated to support the implementation of any identified shortfall of provision of BSL following the development of local plans. It is difficult at this time to estimate the financial impact to NHS Lothian arising from the Bill. Further analysis will need to be undertaken relating to potential demand and this will be linked to NHS Lothian and Local Authority partners implementation of the Scottish Government See Hear Strategy.

There is already a national shortage of trained BSL interpreters (approximately 80 in Scotland). This means demand already exceeds supply with an average waiting time of one month.

As there is no national register for those who are deaf estimates of individuals who use BSL is therefore difficult to estimate costs to support local needs.

*Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?*

5. The cost to support development of a plan appear to be reasonable, however there is concern costs do not include translation of local plans to other accessible formats which may be costly.

There is no reference to ‘savings’ in the financial memorandum therefore it is difficult to respond to a question relating to estimated savings. However, the provision of local plans may lead to wider health economic savings associated with supporting individuals to improve health if appointments are more productive and consultations better understood.
If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?

6. Given the financial pressures on the organisation, it will be extremely difficult to identify any new investment to support implementation of local plans. It may be possible to consider efficiency savings through review of current BSL provision to alternative models of provision.

Does the FM accurately reflect the margins of uncertainty associated with the Bill’s estimated costs and with the timescales over which they would be expected to arise?

7. The nature of this question is unclear and therefore it is difficult to provide a response.

Do you believe that the FM reasonably captures any costs associated with the Bill? If not, which other costs might be incurred and by whom?

8. The FM does not take into account opportunity costs associated with development and implementation of a local action plan and does not reflect the opportunities for partnership working in development of joint plans nor any direct linkage to implementation of the Scottish Government See Hear Strategy.

The Bill may lead to an increase in requirement for BSL provision which will result in the need for additional BSL interpreters and appropriate training but this does not appear to be reflected in the financial memorandum. It should be noted there is already a large shortfall in the number of signers and the demands for their services across Scotland.

It may be possible to look at alternative communication methods such as video-conferencing / virtual BSL support for NHS appointments. It would be helpful to have national support / endorsement of alternative approaches to face to face translation.

Partner organisations such as local authorities, 3rd sector organisations may all have a part to play in how locality plans are developed.

Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?

9. The belief is that there will be future costs associated with the Bill in line with the responses to the previous questions associated with the comments outlined in response to the previous questions; it is not possible to quantify what these costs.

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On behalf of NHS Lothian