



Llywodraeth Cymru
Welsh Government

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COVID-19 Moral and Ethical Advisory Group Wales meeting: 29 January 2021

Minutes of the COVID-19 Moral and Ethical Advisory Group
Wales meeting held on 29 January 2021.

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Actions

Actions

Action	Responsible
1. Eilir and Aled to reflect on contributions and will consider bringing back further information to CMEAG	EH/AE
2. Changes to proforma to be made	Secretariat

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Attendees

Heather Payne (Chair), Aled Roberts, Kevin Francis, Alison Mawhinney, Rhian Davies, Viv Harpwood, Carol Wardman, Kathy Riddick, Aled Edwards, Ben Thomas, Julian Raffay, Paula Hopes, Idris Baker, Martyn Jones, Rhian Davies, Helena Herklots, Ilora Finlay

Welcome, apologies and introductions

The Chair opened the meeting, noting apologies.

Previous minutes

The Chair asked group members to provide any comments/amendments regarding the note of the last meeting to the Secretariat.

Previous actions

Agreed to carry over to next meeting.

Challenges of providing health care in rural areas

The Chair introduced Dr Eilir Hughes, a GP cluster lead from the Llyn Peninsula to discuss issues regarding rural health care.

Dr Hughes provided an overview on health support on the Llyn Peninsula, outlining how clusters work and engage with practices. GPs moving rurally tend to have a previous connection to the area, which is a benefit in strong Welsh speaking areas as clinicians are often bilingual, but there is a workforce issue to attract clinicians to the numbers needed.

Rural areas in Wales often have older populations with many co-morbidities, especially those moving to the area to retire. There are not always the provisions

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need, such as there being no nursing home on the Llyn Peninsula.

Strong communities are found in rural communities, with a traditional approach adopted where people know each other. This has been utilised well during the pandemic. Mental health issues in rural areas and pockets of social deprivation in rural areas.

There are also many early retirees in the NHS and there is a need to attract people to remain in medicine. There are strong views that devolved decision to local levels making could help provide services required.

IT infrastructure in rural areas cause a major concern. Additionally digital literacy of all ages need to be supported.

Viv Harpwood echoed similar situation in Powys, where the health board is looking at initiating rural workforce academy.

The medical school at Bangor university is a potential way to address rural considerations and hope to draw enthusiastic workforce in Bangor to remain around the area.

Discussion was held on how to plan for an aging society. Older people without children often do not have support structures. Social services and social care need to be co-located to provide support needed. Strategic commissioning needed for those with dementia and those with high level needs. Models are required to help people stay independent. Mental health of older people is an area that requires consideration as well as isolation and loss of physical health. People will also need help enable confidence to re-emerge.

Rhian Davies advised a focus group on health showed services are not responsive. Distances in rural areas are very challenging for those with disabilities. [Disability Wales manifesto](#) outlines what they are requesting from the incoming government.

Asset based community models could provide co-productive support. Finance needed to instigate true integration and service funding needs to be reviewed.

HEIW have been running a series of blogs, with learning disability nursing but is

moving through other professions, helping to promote roles and interest in working in Wales.

The NHS in Wales currently is unable to meet the needs of Welsh speakers which goes to the standard of care being offered. It's a difficult balancing act and in many cases we need to recognise in these rural areas where over 80% of the population is Welsh speaking that Welsh should be desirable. That's why the issue of growing workforce and encouraging people to move back are so important.

Eilir and Aled to reflect on contributions and will consider bringing back further information to CMEAG.

Vaccinations

Paula Hopes outlined the issues regarding consent and issues around capacity for vaccination. Reasonable adjustments need to consider the least restrictive options available and avoid distressing the person involved.

NHS is looking at arrangements to support the person during and following receiving the vaccine.

The aim is to avoid all circumstances where difficult decisions are needed.

Questions are now arising to consider other areas regarding vaccines. Country wide seminars. Books beyond words really helps as it's without specific language. Distraction techniques are seen as very effective.

Unless person has stated fully they do not want it, it is in the best interest as per [recent course case judgement](#).

Action from last meeting

Viv Harpwood determined as representative for the Vaccination sub-group.

Approach to obtaining CMEAG discussions and

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decision making

A draft proforma was proposed to formalise the approach to requesting advice from the advisory group.

A number of edits were advised for the Secretariat to develop further. The proforma will be translated and published on the Welsh Government website.

Next meeting

12 February 2021

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