

**Covid19 Moral and Ethical Advisory Group Wales**  
**Thursday 4th June 2020 16:00-17:30**

Via Skype.

Action	Responsible
1. Viv Harpwood & Ilora Finlay to work with Ben Thomas to draft the covering letter re: legal advice and share with group members.	VH, IF, BT
2. Ask Testing advisory group to respond to queries on security	Secretariat
3. Secretariat to share Older People's Commissioner information on scams and staying safe.	Secretariat
4. Carol and Aled paper interfaith response to tracing on next agenda	Secretariat

Attendees

Heather Payne (Chair), Aled Roberts, Aled Edwards, Alison Mawhinney, Alison Parken, Ben Thomas, Emma Bennett, Chantal Patel, Ilora Finlay, Helena Herklots, Idris Baker, Uzo Iwobi, Jon Luxton, Rhian Davies, Sean O'Neill, Shavanah Taj, Viv Harpwood, Carol Wardman

Meeting note

No	Topic
1.	<p><u>Welcome, Apologies &amp; Introductions</u></p> <p>The Chair made introductions and noted apologies. Apologies from Rocio Cifuentes, Joe Powell &amp; Lisa Gerson.</p>
2.	<p><u>Previous minutes</u></p> <p>Minutes agreed.</p> <p><u>Actions</u>  <b>Commentary document should be developed on the consent advice already circulated to NHS, utilising the comments obtained from this group</b>            There is a need to assure the clinical community in relation to the legal advice previously issued and discussed at the last meeting. Discussion was held regarding the form this should take. A commentary document was advised as the best approach, simplified to outline that an individual approach to each patient is required. The group wish to ensure there is no duplication of the work of the Welsh Risk Pool and that the Mental Capacity Act also needs to be taken into account.</p> <p>Viv Harpwood &amp; Ilora Finlay agreed to work with Ben Thomas to draft a covering letter and share with group members. All group members are invited to provide advice also.</p> <p><b>Tracing App</b>            Concerns raised regarding fraud and security risks regarding track and trace. The group have serious concerns for those who are at risk. Criminal elements are easily able to mimic the approaches taken by tracers. Trade unions have raised this with ministers and these concerns should be raised throughout the community groups given the potential impact on the elderly in particular. The Disability Equality Forum will be having a session</p>

	<p>with WG officials responsible for developing the Test, Track &amp; Trace systems so an opportunity to raise issues about potential scams.</p> <p>The Older People's Commissioner's office are issuing information and a press statement with a group of 20+ organisations tomorrow/Monday to alert older people to the risks of scams including this. Secretariat to share.</p>
3.	<p><u>Recovery plan paper discussion</u></p> <p>Utilising the comments provided since the last meeting, Heather Payne presented a paper outlining a Values and Principles approach. A wide range of points had been provided and it is apparent that similar issues are faced by the various communities represented. Comments on the draft document were welcomed as to the approach this group should make to provide the right level of support.</p> <p>A number of members agreed that any document needs to assign actions against a specific policy area and consider whether they are required on a long term or short term basis. Document needs to be focused on what is actually happening and usable. Discussion was held regarding accessibility and language issues and the consequence these have. Terminology was also discussed and the group would like to avoid the term 'vulnerable' and replace with at risk.</p> <p>It was raised that the BAME workstream are creating a new set of values and urgency. There were calls for the document from this group to share this dynamic approach.</p> <p>Concerns were raised in regards to essential services such as cancer and cardiac. Questions are raised regarding how the backlog will be addressed and prioritised. Decisions are needed as to which services need to be prioritised and morals and ethics extremely important within this. Welsh Government and the NHS are currently looking at prioritising resources and these conditions have very active workstreams assigned to them. Configuring services to try and ensure covid free places of treatment are important considerations to enable a return to services, but difficult to guarantee.</p> <p>The group agreed there is a need for clinicians to consider individual circumstances, not to simply consider people as part of a group. There is a need to have culturally and religiously appropriate care. It was also raised that the impact of domestic violence not addressed.</p> <p>Value Based Healthcare is seen as an opportunity to add the value of interactions based on the actions clinicians take. Health also must be seen in a wider context of all matters that affect a person's life, from deprivation, education, housing and lifestyle choices.</p> <p>Social care needs valuing and recognised for the role they play in people's lives. There is a need to support independent living. Social care needs to be considered on the same level as health, and not just in light of how it benefits the health service. Tackling inequality and poverty will benefit long term health issues. Because of the high levels of poverty in Wales &amp; impact on health, the NHS tends to be more focussed on treating illness and draws on the greater level of resources to do so. Initiatives more aimed at promoting wellbeing &amp; independent living are then squeezed. Environmental issues also required to be considered. Prevention really needs to be pushed under an urgent remit.</p> <p>Voices need to reiterate these areas and provide political pressure. Likely to need to respond to a future enquiry regarding covid in the future and the group want to ensure they have considered the values and constitution of Wales and the areas that need addressing.</p>

	<p>It was outlined that any response must be apolitical but make the moral case for what matters now and let the politics decide how these are applied. This group needs to speak to the issues it sees and bring in the evidence to back up the statements.</p> <p>The group queried whether two documents were required: one to decide what needs to be considered now, and one for the longer term. There is a need for an urgent list of practical actions to consider now with ethical framework referenced up front and then a longer document that sets out the wider longer term thinking that we can have time to deliberate/discuss.</p> <p>The group finished the discussion debating the extent to which their advice is directive against providing advice.</p>
4.	<p><u>AOB –</u></p> <p><b>Next Meeting</b> Agreed to meet again in two weeks.</p>