

**Covid19 Moral and Ethical Advisory Group Wales
Thursday 9th July 2020 16:00-17:30**

Via Skype.

Action	Responsible
1. Sharon to consider feedback and answer any outstanding points	Sharon West

Attendees

Heather Payne (Chair), Aled Roberts, Aled Edwards, Alison Mawhinney, Alison Parken, Chantal Patel, Carol Wardman, Helena Herklots, Liz Davies, Sean O’Neil, Kevin Francis

Guest speakers

Kate Young – Wales Carers Alliance

Sharon West – Contract Tracing Team, Welsh Government

Meeting note

No	Topic
1.	<p><u>Welcome, Apologies & Introductions</u></p> <p>The Chair made introductions and noted apologies. Apologies received from Rocio Cifuentes. Skype would not work for Rhian Davies.</p>
2.	<p><u>Previous minutes</u></p> <p>Minutes agreed. Change tracing app to proximity app.</p> <p><u>Actions</u></p> <p>All agreed</p>
3.	<p><u>Carers Paper</u></p> <p>Kate Young discussed the position taken by the wide-ranging alliance Wales Carers Alliance. It was noted there had been certain suspension of the 2014 Wellbeing Act. Any recovery plans need to recognise the individual in receipt of services and also the carer themselves.</p> <p>The Alliance has anxieties regarding whether services will resume, what different will look like and how discussions are being held. The need for carers rights may need to improve and accessible information be focused upon. Another concern is the aim to promote decisions made for the greater good and not based solely on financial implications.</p> <p>Feedback advises people are concerned people will feel done to, rather than be doing with. There are concerns that, as carers have managed in these circumstances, support may be withdrawn, with a drive to ensure those who needed support previously should have support maintained.</p>

Hardship and poverty is seen as a big risk for carers. PPE guidance welcomed in the last week, which focuses on access, tools and ability to provide care needs to be considered. Hospital discharge is an issue where family members have been discharged without discussion with carers.

The group thanked Kate for her discussion points and wanted to praise the dedication and work of carers.

Discussion was held in relation to training or information available to provide support. Information is patchy and in the main being provided by third sector. With furloughing in place, the third sector has less staff to provide support. Inconsistency of guidance makes messaging difficult. Would like policy makers to consider the following when making policy "...and if someone is caring for someone this means..." and carers not to be an accidental afterthought.

Medications – lots of carers want to provide safe medication without it becoming over-burdensome. This was being looked at prior to Covid. Feedback provided has been less about stopping existing skills, more about covid stopping smooth services being provided by nurses and leading to carers having to undertake medical higher level of skill. It may sit better with a condition specific group than CMEAG, but want to find the right place for this question.

Recognition of carers difficult, even amongst people who are carers themselves. Level of understanding needs improvement throughout the NHS. The Employers for Carers Network doing important work in this and health boards should be signed up to this. Raising awareness of carers is needed whilst avoiding stigmatising groups.

Abuse of older people an increasing issue and need to develop the responses to this as lockdown is lifted. Religious groups can be used as community connectors.

Carers of all ages – greater isolation is a huge area of concern. Young carers have missed on schooling, respite and peer-support. Young Carers will need more flexibility than their peers and schools need to consider how to enable learning.

Homeworking – as it becomes normalised, need to be aware of the effect on those with caring responsibilities. Accompanied with protocols & a recognition that it does not suit everyone.

Shielding – as we emerge, more respect needed for those who are shielding. Young carers may not want to acknowledge they are shielding.

Alcohol abuse – been increasing in covid. Need to reconsider problems relating to alcohol abuse and the impact this is having on children and carers.

Welsh language Assessment is an ongoing issue and became worse during covid. Not just a question of right, it's a question of quality for carers.

Families have been impacted due to restrictions. Difficult balance between protecting people and enabling people's rights. Messaging is very important in preparing for a second wave.

Area of major concern is the policy for hospices for End of Life. Denying access to people to say farewells major concerns.

<p>4.</p>	<p><u>Contract Tracing</u></p> <p>Test, trace and protect is made up of 3 parts:</p> <ol style="list-style-type: none"> 1. Rapid access 2. Fast inclusive tracing 3. Protecting the community to enable self-isolation. <p>Tried and tested method, but on a huge scale. Focusing on stopping the disease, but also understanding the disease. The TTP strategy will be ongoing and is not an app. An app is being created in England, but Wales is not involved in its development. Wales is also not taking a call centre approach. Instead utilising local expertise and different levels of contract tracers. Initial level working from scripts. Can be escalated to trained healthcare professionals.</p> <p>If a positive result identified, contract tracers are then informed who contact the individual. All information is confidential and people are asked to disclose those they have made contact with either within 1m, face to face, physical contact or 2m for more than 15 minutes.</p> <p>People are then asked to self-isolate for 14 days and notify their employer. Will receive written confirmation.</p> <p>Follow up every day via phone or text. All information provided is voluntary. 350 indexed cases in one week, 81% contacted. International benchmarking showing it's going well. People usually have around 3 contacts.</p> <p>Turnaround time of results – dependant on where the tests is coming from. 90% within 48 hours. Home testing kits slower. Not antibodies test, an antigen test. Specific plans for different key workers. The group asked for specific feedback for those working in blood transfusion and Sharon agreed to feedback.</p> <p>Guidance due very soon in hospitality sectors. The current guidance asks people to keep records of people entering premises. It accepted that certain cases will not be able to trace.</p> <p>Comms messaging is being put in the public domain and highlights there will never be a request for money and will only ever be contacted from one official telephone number. Concerns were raised about criminals cloning this number.</p> <p>Training regarding staff undertaking the test and trace – what specialist training have they received for those with learning disabilities. Useful at testing to know any specific information that can help with the phone call.</p> <p>The group thanked Sharon for the information.</p>
<p>6.</p>	<p>AOB Research agenda – feedback was very well received.</p> <p>Next Meeting Agreed to meet again in two weeks.</p>