

Covid19 Moral and Ethical Advisory Group Wales
Thursday 13th August 2020 16:00-17:30

Via Teams.

Action	Responsible
Members to send paragraph on ethical framework approach going forward	All
Heather to work with Marc to develop what next for risk assessment paper	Heather & Marc
Members to write to Secretariat to reflect on the work of the group so far, where this group should go next and who needs to be included.	All
Secretariat to send links to All Parliamentary group and webinar.	Secretariat

Attendees

Heather Payne (Chair), Aled Roberts, Alison Mahwinny, Alison Parken, Aled Edwards, Carol Wardman, Emma Bennett, Martin Jones, Ilora Finlay, Idris Baker, Rocio Cifuentes, Marc Davies, Viv Harpwood, Martyn Jones, Emma Williams, Shavanah Taj, Valerie Billingham, Kevin Francis

Meeting note

No	Topic
1.	<p><u>Welcome, Apologies & Introductions</u></p> <p>The Chair made introductions and noted apologies. Apologies received from Lisa Gerson.</p>
2.	<p><u>Previous minutes</u></p> <p>Minutes agreed subject to members have any further edits to send them to Holly.</p> <p><u>Actions</u></p> <p>All previous actions agreed and completed</p>
3.	<p><u>CMEAG and care setting risk assessments during recovery</u></p> <p>Marc Davies raised the following points relating to risk assessments:</p> <ol style="list-style-type: none"> 1. Opposing legislation is not necessarily aligning together. 2. The CMEAG Ethical framework is very useful for considering interventions and these principles could be broadened to apply to all decision making 3. There is a need to look at public health ethic documents prior to covid and determine whether any other principles available.

The group agreed there is a need to ensure the ethical framework is distributed as widely as possible. Queries were raised regarding tensions between the Social Services Act and Coronavirus Act. Duties in the former Act have been removed. A review should be undertaken shortly and it was felt this group has a role to remind Government and private sector of obligations. Many care homes are private sector entities, and practical considerations often override ethical considerations, eg, insurance companies withdrawing cover unless a home applies stringent infection control measures, regardless of residents' rights

Concerns were raised for people in residential settings with learning disabilities and those with a lack of advocacy. Advocacy needs to support individuals and interest groups. Concerns also raised regarding reports of care homes suspending assessments.

Welsh language nuance needed when relating to Welsh Language Standards, ensuring that decisions consider the people affected, not just a literal interpretation of the law.

In the event of a future Coronavirus enquiry, group members agreed they would want this group to provide evidence and be part of the discussions. At UK level an All Party Parliamentary group is currently hearing evidence and reflecting on lessons learnt. A range of people including those bereaved and nursing homes is giving evidence. Secretariat will send link to members following the meeting.

Baroness Finlay advised she would be very appreciative for any evidence of failed assessments as well as success stories since Covid that need to continue going forward. A webinar is available SCIE website. Secretariat will send link to members following the meeting.

A social care forum has been set up and will be meeting in September, which includes publicly run and privately run care homes. That forum will focus first on employment matters but can at some stage pick up matters highlighted in this paper.

Questions were raised regarding methods to disseminate the paper and whether alternative communication routes such as employer forums, should be utilised. It was also queried whether different versions would be needed for different audiences.

Work is being undertaken to consider the practicalities around local lockdowns and testing strategies across public and private sector. A national health and safety forum is being set up and due to meet in September. A focus on the community solidarity is very important, and these have to be delivered in a way ensures equality.

The www.nhsconfed.org/NHSreset programme is holding sessions on learnt lessons from around the world.

The Chair requested members send through a written paragraph on points made to the Secretariat.

	<p>Marc thanked the group for their discussion and agreed to consider how to use the ethical expertise to review guidance, ensure it is has continuous consideration, and incorporate the groups' expertise into other protocols.</p>
4.	<p><u>Principles to base priorities for Covid Immunisation</u></p> <p>The group was asked to reflect on vaccine priorities in the event of a vaccine being successful. Assuming any vaccine is effective and safe, who would be first to receive it?</p> <p>In a major incident, first responders must ensure their safety first. In this instance, staff in high risk working environments should be prioritised.</p> <p>Concerns were raised regarding any vaccine being made available privately as should not be for convenience, but to reduce cases for the greater good. For the public at risk, those who less able to self isolate should have priority over those who can self isolate longer, regardless of age.</p> <p>Consent and persuasion is a major issue to consider. There is a real distrust of vaccination within parts of the BME community. This will need to be factored in advance, particularly the disproportionate impact of covid within this community.</p> <p>Queries were raised regarding the communication methods with particular communities, especially with the threat of false rumours. BBC reported research shows 50% of UK population would refuse a Covid vaccine. A sound base evidence required. There will be huge difference within own communities. Access to information will be key which must also be tailored. There are questions regarding the implications for individuals who decided not to get vaccinated. Issues also exist regarding individuals being able to make informed decisions and consent to vaccination. It was agreed that clarity on "need" required, although there was recognition of the difficulties in determining such an open term.</p> <p>The Grand Chamber in European court of Human Rights heard a case last month regarding mandatory vaccination and Art 8 Family Life and Privacy. Judgment due out in coming months which may provide help.</p> <p>A number of unintended effects need to be considered including what would justify exemption. A society can afford to have an unvaccinated minority without compromising the population, so who should qualify? Should we all be treated alike despite differences?</p> <p>Rationing a potential issue and would require monitoring in the long term. Testing needed beforehand to understand antibodies.</p> <p>The Chair thanked members for their comments and will look to reflect on them.</p>
5.	<p><u>Review of Wales CMEAG ToR and reflections on future direction</u></p>

	<p>A question was raised regarding whether this group responds to requests or seeks out areas of concern. To date the group has taken balanced approach.</p> <p>All members to write to Secretariat to reflect on the work of the group so far, where this group should go next and who needs to be included.</p>
6.	<p><u>AOB</u> Immunisation reprise on next agenda.</p> <p><u>Next Meeting</u> In two weeks as planned</p>