South Eastern Health and Social Care Trust

Equality, Good Relations and Human Rights Screening Template

Completed Screening Templates are public documents and will be posted on the Trust's website

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Northern Ireland Regional Clozapine Clinical Guideline

(1.2) Is this a new, existing or revised policy/proposal?
New

(1.3) What is it trying to achieve (intended aims/outcomes)?

- To set out the requirements for safe use of clozapine and maximise patient safety within the in-patient and outpatient setting
- To ensure that all members of the patients' healthcare team understand how to prescribe, administer, monitor and supply clozapine

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

Yes, the regional clozapine policy is expected to deliver benefits across all section 75 categories by improving consistency, safety, equity of access to clozapine treatment. In particular, the policy may deliver positive benefits for people with disabilities, people from minority ethnic backgrounds, and people of different ages.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

Trust MHLD Medicines Committee/Drugs and Therapeutics Group

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

- Staffing capacity
- Lack of awareness of the policy
- Lack of staff training
- Poor understanding of the policy by staff, patients, relatives and carers

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Staff, service users

(1.8) Other policies with a bearing on this policy/proposal **(**for example regional policies) - what are they and who owns them?

EPIC Clozapine pathway build 2024 informed by HSCNI Clozapine Care Pathway 2021. Zaponex Treatment Access System. ZTAS Online Manual. Available at http://www.ztas.co.uk/ Taylor DM, Barnes TR, Young AH. The Maudsley Prescribing Guidelnes in Psychiatry,15th edition 2025.

Medicines.org.uk. Zaponex 25mg tablets Summary of product Characteristics. Available online at Zaponex 25 mg Tablets - Summary of Product

Characteristics (SmPC) - (emc)

Choice and medication website available online at Health and Social Care, Northern Ireland Home

Rostami-Hodjegan A, Amin AM, Spencer EP, Lennard MS, Tucker GT, Flanagan RJ. Influence of dose, cigarette smoking, age, sex, and metabolic activity on plasma Clozapine concentrations: a predictive model and nomograms to aid Clozapine dose adjustment and to assess compliance in individual patients. Journal of Clinical Psychopharmacology 2004; 24(1): 70-77.

Aoife Carolan, Caroline Hynes-Ryan, Sri Mahavir Agarwal, Rita Bourke, Walter Cullen, Fiona Gaughran, Margaret K Hahn, Amir Krivoy, John Lally, Stefan Leucht, John Lyne, Robert A McCutcheon, Michael J Norton, Karen O'Connor, Benjamin I Perry, Toby Pillinger, David Shiers, Dan Siskind, Andrew Thompson, Donal O'Shea, Dolores Keating, Brian O'Donoghue, Metformin for the Prevention of Antipsychotic-Induced Weight Gain: Guideline Development and Consensus Validation, Schizophrenia Bulletin, 2024;, sbae205, https://doi.org/10.1093/schbul/sbae205

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

Quantitative service user and staff data used

Category	**Service Users**	**Service Users affected (%)**
Gender	Female Male	32% 68%
Age	0 – 15 16 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65+	0% 3% 14% 24% 28% 24% 7%
Religion	Protestant Roman Catholic Unknown	16% 30% 54%
Political opinion		Unknown – not recorded
Marital status	Married Single	4% 72%

	Divorced Unknown	22% 2%
Dependent status	Yes No Unknown	0% 0% 100%
Disability	Yes No	7% 93%
Ethnicity	White Black/Minority Ethnic	98% 2%
Sexual orientation	Opposite sex Same sex Same and opposite sex Do not wish to answer/unknown	0% 0% 0% 100%

Staff quantitative data as held by the Trust Equality and Human Resources Teams.

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	**Needs, experiences and priorities**	
	Service users	***Staff***
Gender	May experience differing side-	Require equitable access to

	effect profiles and require gender-sensitive communication, dignity and privacy during monitoring.	training, fair treatment and safe, respectful working environment.
Age	Older adults may have increased physical comorbidities and mobility needs; younger adults may require additional engagemen and education to support adherence.	Training and support should be appropriate to experience and role.
Religion	Religious beliefs may influence views on medication or blood monitoring; flexibility around appointments and observance may be required.	No specific needs identified.
Political Opinion	No specific needs identified	No impact anticipated.
Marital Status	Those without partner support may require additional assistance to engage with treatment and monitoring.	No impact anticipated.
Dependent Status	Caring responsibilities may affect attendance, so flexibility may be required.	Flexible working considered in line with Trust policy.
Disability	Reasonable adjustments may be required for physical, sensory, learning or cognitive disabilities; including accessible information and support.	Reasonable workplace adjustments provided as required.
Ethnicity	Consideration required for language needs, cultural factors and benign ethnic neutropenia in some ethnic groups.	Inclusive working environment and equal access to training and progression.
Sexual Orientation	Requirement for inclusive, non-discrimmatory service delivery.	Safe and inclusive working environment.

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The Regional Clozapine Pathway have been developed by the Regional Mental Health Pharmacist Network. They have been subject to consultation and testing within each Trust.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	***Details of policy/proposal impact***		***Level of impact? Minor/major/none***
	Services Users	***Staff***	
Gender			None
Age			None
Religion			None
Political Opinion			None
Marital Status			None
Dependent Status			None
Disability			None
Ethnicity			None
Sexual Orientation			None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

Section 75 category	***Please provide details***
Gender	Yes, the regional clozapine policy promotes equality of opportunity by standardising access to clozapine treatment, improving consistency in monitoring, and reducing variation in service provision across SETRUST. Opportunities include ensuring reasonable adjustments for individuals with disabilities, culturally sensitive engagement for people from minority ethnic backgrounds, and provision of accessible information to support informed decision-making and adherence.
Age	Same as above
Religion	Same as above
Political Opinion	Same as above
Marital Status	Same as above
Dependent Status	Same as above
Disability	Same as above
Ethnicity	Same as above
Sexual Orientation	Same as above

(4.3) ***To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none***		
Good relations category	***Details of policy/proposal impact***	***Level of impact Minor/major/none***
Religious belief	The policy is clinically focussed and delivered in a	None

	neutral, respectful manner.	
Political opinion	Same as above	None
Racial group	Minor positive impact through consistent, equitable access to clozapine services and recognition of clinical considerations such as benign ethnic neutropenia.	Minor

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	Yes, the policy supports good relations by promoting fail, transparent and consistent service delivry across all population groups. Culturally competent practice, use of interpreters where required, and respectful communications will support trust and engagement with services.
Political opinion	Same as above
Racial group	Same as above

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
The policy promotes positive attitudes towards disabled people by recognising mental illness as a disability and supporting equitable access to clozapine treatment. By improving clinical outcomes and social functioning, the policy supports participation in community life. Person-centred care, reasonable adjustments and accessible information encourage inclusion, dignitiy and respect.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	X		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.	X		
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	X		
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1st protocol Article 2 – Right of access to education			X

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes. Human rights principles are embedded within the policy through person-centred, recovery-focused care, informed consent processes, and adherence to professional, ethical and legal standards. Staff training and clinical goverance arrangements support awareness and compliance with human rights obligations.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	X
Minor impact	
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	X

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The regional clozapine policy promotes equitable access to safe, effective treatment and consistent standards of care. No significant adverse equality or human rights impacts have been identified. On this basis, a full EQIA is not required.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The impact of the regional clozapine policy on equality or opportunity, good relations, disability duties and human rights will be monitored thorugh existing clinical governance and quality assurance arrangements. This will include review of access to clozapine services, adherence to the policy across SETRUST, and identification of any unitended differential impacts on Section 75 groups.

Monitoring mechanisms will include service user feedback, incident reporting, complaints and compliements, audit of clinical outcomes and compliance with monitoring requirements, and review of reasonable adjustments made to support individuals needs. Equality, disability and human rights considerations will be addressed through ongoing staff training, supervision and policy review.

Any issues identified will be escalated through appropriate goveranance structures and the policy will be reviewed and amended where necessary to ensure continued compliance with equality, disability and human rights duties.

Approved Lead Officer:	Jennifer Tseng
Position:	Lead Community Mental Health Pharmacist
Date:	20/01/2026
Policy/proposal screened by:	

Please forward completed schedule to:

Susan Thompson
Equality Manager
t: 07525 898850
e: susan.thompson@setrust.hscni.net