

## 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

Acute Medicines Management Guidelines for the Dysphagic or Nil by Mouth Parkinson's Patient

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

Existing, new version

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

Assist clinician's in prescribing for dysphagic or nil by mouth Parkinson's patients in the acute setting and to help reduce the potential harm that may arise for delayed/omitted doses improving the service provided to this group of patients and potentially reduce their length of stay.

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

No.



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

SEHSCT

(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?)

No.

(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 benefit and also enables service provision to service users with Parkinson's who are admitted and require acute medicines management changes when dysphagic or nil by mouth.

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

GAIN: The importance of timing in Parkinson's medication. Regional Audit report for Northern Ireland (Get It on Time) April 2013.

Parkinsons UK now have emergency guidelines on this emergency management area.

[https://www.parkinsons.org.uk/sites/default/files/publications/download/english/pk0135\\_emergencymanagement.pdf](https://www.parkinsons.org.uk/sites/default/files/publications/download/english/pk0135_emergencymanagement.pdf)

<http://www.parkinsonscalculator.com/index.html> developed by a team of Parkinson's specialists and pharmacists, with the support of the Wessex Parkinson's Excellence Network and the British Geriatrics Society Movement Disorders Section.

## (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***

1. Parkinson's UK 'Get it on time' hospital medicine management audit guidelines. Parkinson's UK. April 2010
2. NPSA/2010/RRR009-Reducing harm from omitted and delayed medicines in hospital, Feb 2010
3. Brennan KA, Genever RW. Managing Parkinson's disease during surgery. BMJ Nov 1; 341: 990-993
4. Jones SL. Hindle J. Parkinson's disease in the acute hospital. Clinical Medicine 2011, vol 11, No 1: 84-8
5. Reid J. Acute management of Parkinson's patients. 2011. NHS Fife
6. Davies R. Guidelines for the management of patients with Parkinson's disease admitted acutely. 2011. Ashford & St. Peter's Hospitals
7. NEWT guidelines accessed online; Smyth, North East Wales NHS Trust
8. White R, Bradnam V. Handbook of Drug Administration via Enteral Feeding Tubes. Pharmaceutical Press- accessed online via medicines complete.
9. Rasagiline (Teva), Summary of Product Characteristics; 08/06/2016.
10. SET communication with Teva Pharmaceuticals Ltd; Sept 2012
11. GAIN: The importance of timing in Parkinson's' medication. Regional Audit report for Northern Ireland (Get It on Time) April 2013.
12. BNF 74 March 2018

### (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.

<b>Category</b>	<b>Needs, experiences and priorities</b>	
	<b>Service users</b>	<b>Staff</b>
Gender	-	-
Age	-	-
Religion	-	-
Political Opinion	-	-
Marital Status	-	-
Dependent Status	-	-
Disability	-	-
Ethnicity	-	-
Sexual Orientation	-	-

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

Trustwide consultation process engaged for guidelines as facilitated by Safe and Effective Care Department.

#### (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	no
Age	no
Religion	no
Political Opinion	no

Marital Status	no
Dependent Status	no
Disability	no
Ethnicity	no
Sexual Orientation	no

**(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**

<b>Good relations category</b>	<b>Details of policy/proposal impact</b>	<b>Level of impact Minor/major/none</b>
Religious belief	-	none
Political opinion	-	none
Racial group	-	none

**(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

<b>Good relations category</b>	<b>Please provide details</b>
Religious belief	none
Political opinion	none
Racial group	none

**(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?**

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Patients disabilities will be taken into consideration and reasonable adjustments will be made where required. This will enable patients with disabilities to access the same service as those without disabilities.

## (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			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√



1 <sup>st</sup> protocol Article 2 – Right of access to education			√
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**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.

SEHSCT has a robust training strategy and awareness raising programme for staff with regard to Equality and Human Rights. By following SEHSCT's screening template these guidelines have been categorised as having no negative impact on Equality and Human Rights. Through monitoring as detailed below any future changes in impact will lead to reassessment of screening for impact of these guidelines on Equality and Human Rights

## (7) Screening Decision

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

Major impact	
Minor impact	
No impact	√

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

Yes	
No	√

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

Yes	
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No	✓
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(7.4) Please give reasons for your decision and detail any mitigation considered.

Open guidelines for a specific clinical presentation in Parkinson's disease patients.

### **(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 guidelines will be monitored to assess impact and usefulness. Monitoring will include feedback from all relevant clinicians and/or any patient feedback. Complaints or compliments received regarding the guidelines will be incorporated into the monitoring of the guidelines in use and periodically reviewed. Trust guidance and Human Rights Manager for SEHSCT will be referred to where needed.

Approved Lead Officer: Esther Brownrigg

Position: Clinical Pharmacy Development Lead

Date: January 2018

Policy/proposal screened by: Esther Brownrigg

**Please forward completed schedule to:**

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