

R: 14/11/2023



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE THIS IS A PUBLIC DOCUMENT

Title of Policy: Development and Refinement of a Replicable Model for Medicines Optimisation in Older Patient with Cancer (MOOC)	
Lead Manager: Lorna Cairns	Title: Consultant Cancer Pharmacist
Directorate: Unscheduled care, medicine, cancer and clinical services	Department: Pharmacy
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Short Description of Policy <p>Older people with cancer often require multiple medications including cancer-specific treatments, supportive care medications, and medications for pre-existing long-term conditions. They are therefore at higher risk of the adverse effects of taking multiple medications, inappropriate prescribing, and adverse drug events. The complexity of medication regimens may also cause confusion and medicine mismanagement, thereby affecting patients' ability to adhere to drugs prescribed with the outcome being an increased chance of treatment failure. It is thus essential to optimise medication regimens for older adults with cancer.</p> <p>The North West Regional Cancer Centre (NWRCC) Pharmacy team is introducing a new medicines optimisation review service for older people (≥ 65 years) diagnosed with cancer who are already taking multiple medications for one or more long-term conditions. The medicines optimisation service starts immediately before they begin chemotherapy with case management and follow-up during their treatment as needed. Macmillan Cancer Support have funded the service for two years with this used for the recruitment of a specialist pharmacist and lead technician. The service will be project-managed and fully evaluated with data gathered to inform future business cases with the ambition that the service becomes permanent.</p>	
Final Recommendations: (please tick as appropriate)	
1.	GREEN: No equality issues/impact: no further action
2.	AMBER: Minor equality issues/impact: actions identified X
3.	RED: Major equality issues/impact: full EQIA recommended

**Please send draft completed form for quality assurance to
equality.admin@westerntrust.hscni.net
 For further information on quality assurance see page 3, section 3.**

Final Approval Date:

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Development and Refinement of a Replicable Model for Medicines Optimisation in Older Patient with Cancer (MOOC)

1.2 Description of policy or proposal

- To deliver and measure the impact of a medicines optimisation service in older patients with cancer.
- Improve the appropriateness of prescribing in older people with cancer.
- To create, describe and evaluate the role of a medicines optimisation in cancer pharmacy technician informing future development of this job role in the NWRCC and other cancer centres.
- To assess the impact of the service on patient adherence to medicines.
- Determine the clinical and economic impact of a medicines optimisation in older people with cancer service thereby demonstrating the need for permanent investment by healthcare commissioners in the NWRCC, and in the potential rollout to other cancer centres regionally and nationally.
- To identify areas of the service that may require a research approach, to collaborate with an academic institution, and to source resources/funding to enable this research where needed.
- Identify any gaps in the proposed service where a Quality Improvement project may be required.
- To disseminate the findings of this project, including lessons learned to all relevant stakeholders.
- To develop, refine and describe a replicable and feasible medicines optimisation model for older people with cancer.

Over a two-year period, a project team will lead on this new service development and evaluation managed using PRINCE2 methodology. The project stages include:

1. Staff Recruitment and Training
2. Project Initiation
3. Refinement of the Service
4. In-depth Quantitative Service Evaluation
5. Interim analysis and reporting
6. Qualitative Data Collection and Analysis
7. Outcomes Based Accountability (OBA) Data Collection and Presentation
8. Final Data Analysis & Preparation of Project Report
9. Dissemination of Project Outcomes

Funding has been used to appoint dedicated pharmacy staff to run a medicines optimisation clinic for older people with cancer. For eligible patients, the Macmillan Pharmacy Technician

will undertake a holistic needs assessment (HNAs) with a focus on medication history to identify interactions and safety concerns, and counselling about systemic anti-cancer treatments (SACT).

Following set criteria (aged 65 years or over and taking ≥ 8 medicines), a referral is made to the Macmillan Pharmacist for completion of a comprehensive clinical medication review. To enable goal setting at the outset, the patient is asked:

“In relation, to your medicines, what matters to you?”

Medicines-related goals are then set within a Pharmaceutical Care Plan (PCP) according to both patient and clinical priorities. The intention is to optimise treatment and reduce pill burden via deprescribing. Both the HNA and PCP help personalise care and support plans, and signpost patients to the most relevant services. Patients that are more complex are referred to the Consultant Pharmacists (Cancer and/or older people) for case review and decision-making as to the way forward with the patient's PCP.

Where concerns remain about patient adherence, the patient is referred to the pharmacist-led holistic adherence clinic.

Patients will be reviewed on an ongoing basis at their outpatient review clinics by the usual oncology pharmacy team. Where necessary they will be referred back into the MOOC service. Upon discharge/onward referral from the service, information about medicines will be provided to the patient, their treatment providers, and their primary care team.

Evaluation will include both a quantitative and qualitative approach. The number of patients, disease site, age, number and type of medication, medication appropriateness, clinical interventions, the clinical significance of interventions, drug cost savings, frailty & performance scores (G8 and ECOG), and Quality of Life (FACT-7) will be collected over a 12-month period, and analysed using suitable statistical software.

Patient, client and healthcare professional feedback will also be collected via appropriate forums including focus groups and 1-2-1 interviews. Consent will be sought to record at these forums to enable transcription and thematic analysis of findings.

Patients will be asked to rate the overall service and satisfaction with the pharmacist's input upon discharge from their chemotherapy treatment. This will be done using a validated tool.

The WHSCT patient involvement team has offered support to develop an involvement plan for the service to gain patient feedback as the service develops, evolves, and progresses.

Once the service is fully embedded and has undergone an in-depth analysis, key measures for Outcomes Based Accountability (OBA) will be identified. This will allow streamlining and focus on the most informative data about the service reflective of the following three questions:

1. How much did we do?
2. How well did we do?
3. Is anybody better off?

Outcomes from this project will be used as a basis to inform and develop a business case supporting additional oncology pharmacists and technicians within Northern Ireland (NI) to provide a structured medicines optimisation service, and to ensure equitable access to such a service across all trusts.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Main Stakeholders include:

Macmillan Cancer Support

WHSCCT Staff, in particular:

Consultant Pharmacists, WHSCCT (Older people and Cancer)

Cancer Nursing Staff (involved in NWCC MDT and eHNAs)

Director of unscheduled care, medicine, cancer and clinical services, WHSCCT

WHSCCT MOOP and Cancer Pharmacy Teams

Head of Pharmacy and Medicines Management, WHSCCT

Lead Governance Pharmacist, WHSCCT

Principal Pharmacist, Aseptic Pharmacy Service, WHSCCT

Medical Oncologists/Haematologists

North West Cancer Centre Senior Management Team

General Practitioners (mainly WHSCCT)

Cancer Service Users – Patients and their Families and Carers

Regional and National Cancer Centres

School of Pharmacy, QUB.

Practice-Based Pharmacists (WHSCCT)

British Oncology Pharmacy Association (BOPA)

1.4 Other policies or decisions with a bearing on this policy or proposal

The Medicines Optimisation Quality Framework, 2016 - The Department of Health NI

A Cancer Strategy for Northern Ireland 2022-2032 – WHSCCT

The WHSCCT Medicines Code - The Department of Health NI

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED**2.1 Data Gathering**

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

NISRA 2021 Census data

Electoral Office NI 2022 Assembly Voting Results

Patient questionnaires issued and analysed by the Consultant Cancer Pharmacist

WHSCCT workforce planning data

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

To inform the development of this service the Consultant Cancer Pharmacist developed a questionnaire for older cancer patients (n=27) seeking feedback on the proposed medicines optimisation service. Eighty-five percent of the patients questioned were over 65 years of age, with half taking more than seven medications, and 60% reporting that the number of medications they were taking increased after starting chemotherapy. Forty percent claimed they were unsure what they were taking their medication for whilst 20% of those questioned felt that the amount of medication they were taking was too great. Forty percent of respondents expressed interest in availing of the proposed service involving a medication review and optimisation to reduce the number of medications they are taking and to increase their knowledge around their medication.

The results from this survey were reviewed by the consultant cancer pharmacist with pharmacy colleagues who then collaborated to design and draft a new service to address medicines optimisation needs for this patient cohort. The WHSCT Patient and Public Involvement (PPI) team was consulted who offered to set up a service user group to provide ongoing input as the service is developed and refined. A proposal was submitted to Macmillan Cancer Support who recognised the potential benefits and provided financial support to begin the work.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	Service Users, etc. Census Information 2021	Staff (Workforce Planning provided figures 02/10/23) Medical staff, Nursing Staff, Admin staff (outpatients) n =912
Gender	Male: 149,055 Female: 152,563	Male: 165 Female: 747
Age	65-69: 15,728 70-74: 13,664 75-79: 9,997 80-84: 6,592 85-89: 3,631 90+: 1,786	16-24: 34 25-34: 260 35-44: 277 45-54: 222 55-64: 103 65+: 16
Religion	Catholic: 194,050 Presbyterian: 26,996 Church of Ireland: 34,802 Methodist: 4,540	Catholic : 533 Protestant : 191 Not determined/Not known: 188

	<p>Other Christian (including Christian related): 8,873 Other religions: 2,388 No religion: 25,107 Religion not stated: 4,860</p>	
Political Opinion	<p>Election Results, Electoral Office 2022. NI Assembly Election 1st preference votes</p> <p>Foyle Broadly Nationalist: 32,610 (69.6%) Broadly Unionist: 8,344 (17.8%) Other: 5,910 (12.6%)</p> <p>East Londonderry Broadly Nationalist: 16,127 (36.4%) Broadly Unionist: 18,454 (41.6%) Other: 9,779 (22.0%)</p> <p>Fermanagh & South Tyrone (some overlap with SHSCT) Broadly Nationalist: 28,771 (53.5%) Broadly Unionist: 20,972 (39.0%) Other: 4000 (7.5%)</p> <p>West Tyrone Broadly Nationalist: 27,767 (60.4%) Broadly Unionist: 12,682 (27.6%) Other: 5545 (12.0%)</p>	<p>Broadly Unionist : 44 Broadly Nationalist : 116 Other : 98 Do not wish to answer/not known: 654</p>
Marital Status	<p>Single (never married or never registered a civil partnership): 92,708 Married or in a civil partnership: 107,063 Separated (but still legally married or still legally in a civil partnership): 10,005 Divorced or formerly in a civil partnership which is now legally dissolved: 13,071 Widowed or surviving partner from a civil partnership: 14,915 Not known: 63,854</p>	<p>Married: 473 Single: 358 Other: 81</p>
Dependent Status	<p>No children in household 59,866 No dependent children in household/All children in household non-dependent 21,786 No. of households with ≥ 1 dependent child 38,219</p> <p>No unpaid carers in household 92,673 1 unpaid carer in household 21,315 2 or more unpaid carers in household 5,886</p>	<p>Yes: 157 No: 257 Not known: 498</p>
Disability	<p>Persons with long-term health problem or disability: Day-to-day activities limited 77,631</p>	<p>Yes: 29 No: 508 Not known: 375</p>

	Day-to-day activities not limited 223,985	
Ethnicity	White 295,860 Irish Traveller 527 Roma 42 Indian 1,041 Chinese 640 Filipino 415 Pakistani 156 Other Asian 326 Arab 158 Black 540 Mixed 1,548 Other ethnicities 362	White: 632 Irish traveller: 1 Indian: 6 Filipino: 1 Pakistani: 2 Black African: 2 Mixed Ethnic Group: 2 Other: 5 Not assigned: 261
Sexual Orientation	Straight or heterosexual 214,237 Gay, lesbian, bisexual, other sexual orientation 3,889 Prefer not to say/Not stated 19,635	Straight or heterosexual: 478 Gay, lesbian, other sexual orientation : 11 Bisexual: 1 Do not wish to answer/not known: 422

2.2 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No identified issues	No identified issues
Age	The medicines optimisation service is for older people with the inclusion criteria being ≥ 65 years and taking ≥ 8 medications (based on criteria for the EU iSimpathy project, Home - iSIMPATY). Older people with cancer often require multiple medications including cancer-specific treatments, supportive care medications, and medications for long-term conditions. They are at higher risk of the adverse effects of taking multiple medications (polypharmacy), inappropriate prescribing, drug-drug interactions, and drug-disease interactions. The complexity of medication regimens and the burden of treatment may also cause confusion and medicines mismanagement, thereby affecting patients' ability to adhere to drugs prescribed with the outcome being an increased chance of treatment failure. It is thus essential to optimise medication regimens for older adults with cancer.	No identified issues
Religion	No identified issues	No identified issues
Political Opinion	No identified issues	No identified issues
Marital Status	No identified issues	No identified issues
Dependent Status	Some service users may have carers/family who will need to be kept informed of any changes to their pharmaceutical care and medical treatment.	No identified issues
Disability	Some service users will have a disability which means they will require information in alternative formats e.g. large print, braille, audio, etc., or be provided with reasonable adjustments to aid them in taking their medicines e.g. liquid form, large bottles, tablet cutters etc. Some service users may require provision of interpreters in line with Trust guidelines. Some service users may have carers who have a disability and who will require the information in alternative formats.	Some staff will have a disability that means they will require information in alternative formats e.g. large print, braille, audio, etc., or be provided with reasonable adjustments to aid them in delivering the medicines optimisation service to WHSCT service users. Staff may require provision of interpreters.
Ethnicity	Service users and their families who do not have English as a first language will require information translated and interpreters provided in line with Trust guidelines.	No identified issues
Sexual Orientation	No identified issues	No identified issues
Other Issues: e.g. Rurality	Later medication review, optimisation and adherence appointments will be offered to those patients having to travel a distance to the NWRCC. A virtual platform to conduct medicines optimisation-related clinics is being developed and can also be offered to all patients (not just those located in rural areas) to improve access and convenience.	No identified issues

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

None identified

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Age	This medicines optimisation service is designed for people aged ≥ 65 years; this patient cohort predominantly takes more medicines for one or more long-term conditions. Within existing similar WHSCT pharmacy services for medicines optimisation in older people in intermediate care and care homes, it was agreed from an ethical perspective that where significant medicines issues exist, and the patient is <i>under</i> 65 years of age, they will still be entered into the service; however, their data will not be included in any intensive dataset evaluations. The same approach will be taken in this new medicines optimisation service for older people with cancer.
Disability	For service users, referral can be made to a pharmacist conducting a focused medicines adherence clinic in the NWRCC. This pharmacist has access to validated assessments of adherence, can identify impact of disability on medicine taking, and can provide personalised solutions which will assist these patients in effectively taking their medicines. Where staff involved in the service delivery have a disability, reasonable adjustments will be made to accommodate them in delivering this service without any adverse impact on them.
Ethnicity	Service users and their families who do not have English as a first language will require written and/or verbal information translated and interpreters used in line with Trust guidelines.
Dependent Status	With consent, carers/family involved with clients' medicines will be contacted by the technician and/or pharmacist and asked to contribute to an accurate medicines reconciliation and history. Where necessary and appropriate, patients' carers/family will be involved in treatment-related decisions, identification of adherence needs, and medicines education.
Rurality	Later in-person clinic appointments will be offered to those travelling a distance to the NWRCC. Where service users have access to a computer and stable internet access, virtual appointments will be offered as an alternative to in-person providing it is feasible to deliver the service and any clinical and/or medicines-related interventions via this forum.

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	No impact	
Political Opinion	No impact	
Ethnicity	No impact	

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

Some patients find it difficult to adhere to their medicines due to a disability or impairment preventing them from accessing and using their medicines easily. The NWRCC oncology pharmacy team recently introduced a medicines adherence clinic to which the patients referred to the new MOOC service can also be referred. Adherence assessment is conducted with any patient identified by NWRCC outpatient nursing staff or the pharmacy team who has demonstrated a problem with obtaining or taking their medicines; this may be due to the presence of a physical or mental disability. The outcome of the adherence clinic is to identify areas of need and to provide reasonable solutions enabling patients to adhere to their medicines. These solutions can be simple or complex and provided by a number of sources: the adherence clinic; the hospital pharmacy; family members; the community pharmacist, and/or the patient's GP.

Optimising medicines reduces the potential for adverse drug events, improves adherence to medicines, promotes patient independence and autonomy through better knowledge about their treatments, and thereby increases the probability of treatment success. In turn, it delivers better health outcomes for patients, increasing their sense of well-being and ability to partake in normal life.

(4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely 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 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*
	Not applicable		Yes/No

**It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

Not applicable

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Please tick:

GREEN: No impact	<input type="checkbox"/>
AMBER: Minor impact	<input checked="" type="checkbox"/>
RED: Major impact	<input type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

- The introduction of the medicines optimisation for older people with cancer (MOOC) service will have a positive impact on older cancer patients attending the NWRCC for chemotherapy treatments.
 - No aspect of the service is unlawful.
 - The service is optional for eligible service users starting their treatment for cancer at the NWRCC.
 - Eligible service users will initially be contacted by the Macmillan Medicines Optimisation Technician via telephone and advised about the availability of the service. Both written and verbal information about what is involved will be provided. They will then be given time to consider participation.
 - A multidisciplinary steering group has been established ensuring information about all aspects of the service is cascaded and communicated to stakeholders, service users, and trust staff. Representatives from Macmillan Cancer Support, the WHSCT involvement team (on behalf of service users), NWRCC management, the NWRCC clinical team, Primary care (GPs and Practice-Based Pharmacists), Queen's University Belfast School of Pharmacy, and Western Trust pharmacy senior management attend this meeting.
 - Availability and logistics of the service will be communicated to trust staff by the medicines optimisation pharmacy team at multidisciplinary team meetings. A dedicated folder for the service will be established on the Western Trust SharePoint/intranet.
 - Some needs have been identified in relation to disability, ethnicity, and rurality. All reasonable adjustments will be made for staff/service users with a disability. Mitigating actions include the provision of individual adherence assessment and personalised aids; the provision of interpreters; written material amended to achieve service user understanding; later appointments for those who live in rural areas/long distances from the clinic; and the option to attend clinics virtually where the service user has access to stable internet and a computer/suitable handheld device.
 - The service is designed for older people taking multiple medications where the risk of adverse drug events and poor adherence to treatment is raised. Where a significant issue is identified related to the taking of multiple medications, and the patient is under 65 years of age, the service will be offered to them.
- **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

The Performance and Service Improvement, WHSCT Patient and Public Involvement (PPI) team has offered support to the MOOC project team throughout the duration of the proposed work. The aim will be to develop a service involvement plan, seek feedback from service users, and implement and evaluate any proposed valid improvements.

Extensive quantitative and qualitative data collection is planned. Quantitative data will focus on the medicines-related interventions performed by the Macmillan Pharmacist and Technician. The team will also collect data relevant to frailty, quality of life, and medical history. Patient satisfaction with the pharmacist and the service overall will be measured at discharge from the service using validated tools. Qualitative data will be collected via peer facilitator interviews with service users who have been in receipt of, and are now discharged from, the medicines optimisation service. Major stakeholder feedback will be collected via questionnaires/semi-structured interviews.

In addition to this focused data collection, service users will be encouraged to use Care Opinion, an independent not-for-profit online user feedback platform to gain insight into patients, clients, carers, /and service user experiences.

The team will remain mindful of the impact on equality groups as the service is refined and developed, and will use data and feedback collected to inform any changes that may need to be made to ensure all equality and human rights are maintained.

A major stakeholder group/project board has been established and will meet at the start of the project and six-monthly thereafter. Email communication will be maintained with these stakeholders between meetings. A member of staff from the WHSCT involvement team will attend stakeholder meetings as a representative of trust service users.

Relevant project deliverables will be presented to Macmillan and Trust Service User Groups and feedback sought. This will include written information provided to patients.

Approved Lead Officer: Lorna Cairns

Position: Consultant Cancer Pharmacist

Policy/Proposal Screened By: Dr Ruth Miller

Date: 17th October 2023

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.