

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

Guidance on completion of the template can be found on the Equality Commission website at [S75 screening template 2010 \(web access checked 230920\) .docx](#)

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:

5 Moments for Medication Safety: Patient Safety Toolkit

Is this an existing, revised or a new policy?

This is not a new or existing policy submission. It is a toolkit based on an adaptation of the World Health Organisation's existing toolkit "5 Moments for Medication Safety" which has been consulted on with various PPI groups across Northern Ireland and adapted for use with the Northern Ireland population

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

Please provide a Plain English description of the scope of this screening, to include what you are trying to achieve and how (ie. the key elements of the policy or decision).

The '5 Moments for Medication Safety' tool (5 MFMS) was originally developed by the World Health Organisation to help make medicine use safer. The tool has been adapted in consultation with patients and carers for use throughout Northern Ireland. The tool has been costed for Plain English review and the finished product will contain the recognised [Cystal Mark](#).

It will also be screened by the Northern Ireland Organisation TiLii "Telling it like it is". This organisation empowers people with learning disabilities, autism and other support needs to have their voices heard through various projects.

The ambition is also to translate the 5 MFMS tool into other languages.

Purpose:

- Encourage active patient involvement and open communication with health professionals in relation to medications they are prescribed/take.
- The tool highlights the 5 key moments where patients/carers can reduce the risk of harm related to medication.

The tool launched in November 2025, to align with Health Literacy Month.

It will be available in hard copy, online, easy read and initially translated into topmost frequently spoken languages in Northern Ireland.

Who it's for:

- Patients, families, and carers – to use with support from health professionals.
- Health professionals – to introduce and support use of the tool.

When to use it:

- Health professionals can help answer your questions about your medicines.
- During visits to doctors, nurses, pharmacists, or dentists.
- At GP practices or pharmacies.
- Upon admission or discharge from healthcare facilities.
- When referred or transferred between healthcare facilities.
- While receiving treatment or care at home.

How to use it:

- Use the tool before, during and after health care appointments
- Bring it to health care appointments.
- The questions are set as a guide
- Read through the questions in each of the 5 moments They will help you ask health professionals the right questions about your medicines.
- Use the 'Notes' section to record queries or new information. Use the 'my medicines list' to record all your medicines. Update it each time there is a change in medication.

Role of Health Professionals:

- Introduce and explain the tool to patients and carers.
- Encourage patients and carers to use the tool before, during and after health care appointments.
- Promote patient engagement through the use of the tool

A series of promotional engagement sessions will be delivered across HSC to raise awareness with HSC staff.

Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

All Section 75 categories could benefit from using and applying the principles of the tool.

Who initiated or wrote the policy?

The delivery of the 5MFMS tool is being led by the Transforming medication safety for NI (TMSNI) programme team, with oversight of the TMSNI Communication Awareness, Promotion and Engagement (C.A.P.E.) Group and aligns with commitments of the TMSNI strategy.

Who owns and who implements the policy?

This booklet forms part of the Transforming Medication Safety strategy launched in Sept 2020. Details of which included in the above link.

The owner of this tool is SPPG/DoH.

Therefore, it is not a policy but rather a patient safety tool the use of which members of the public can help manage their medication, or medication of others if they are carers and used in conjunction with a health care professional.

It builds on a suite of other resources already on the HSC Website on Medicine Safety, which includes Know Check Ask/ My Medicines List.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

No

If yes, are they (please delete as appropriate)

Financial:

Funding was sought through SPPG /HSC

Legislative

We have sought and gained consent from DoH policy colleagues regarding the use of the DoH logo on the toolkit.

HSC logo – is a logo that is usable as the holding organisation of the tool.

The use of HSC QI logo has received approval by the policy department of that organisation.

The content was created and established using WHO terminology in the description of the tool kit.

This is a public facing document, without prejudice, for use for any group or age.

Our ongoing work within TMSNI is to make this more accessible, refining based on feedback, whilst keeping within budget and scope of the small team capability and reach.

other, please specify

The revision of the WHO 5MFMS tool has been completed through a series of engagement sessions with representatives from lived experience to co-design and agree content of tool. It has been tested on a documented roadmap with key milestones documented to track the progress from initial concept to roll out as a patient toolkit.

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

Please provide details - for example all staff or particular teams of staff, actual or potential service users, and any other groups of people.

Staff: who prescribe, dispense medication, provide support to patients/service users and or carer (who supports another person with their medications).

Service users: who take prescribed medications or carers who support another person with their medications.

Other public sector organisations – members of the SPPG CAPE Group & its associated networks across the HSC wider system

Voluntary/community groups /PPI Groups/Care Homes

1.4 Other policies with a bearing on this policy

• What are they?

N/A

• Who owns them?

N/A

1.5 Available evidence

What evidence/information (both qualitative and quantitative¹) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

The proportion of females in 2021 was 50.8% (967,043) and of males was 49.2% (936,132) (total population of 1,903,175)²

¹ * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

² NI Census 2021

Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67%.

The breakdown of the various long-term conditions as outlined in the 2021 Census is:

Type of long-term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

Therefore, there is a large part of the population of Northern Ireland potentially requiring support and assistance with taking medication, some of whom may be on taking multiple medications.

The 5 Moments for Medication Safety Tool will help in some way to address this.

The tool which equality screen is not a policy, it is a toolkit for use for patient medication safety.

The initial launch will focus on Community Pharmacies and GP Practices.

There are circa 511 Community Pharmacists and 305 GP Practices in Northern Ireland.

The initial launch of the toolkit will be aimed at distributing (circa 100 booklets) to each pharmacy/GP practice across Northern Ireland. This will provide an initial coverage of 83,000 booklets/toolkits, which allows for some additional booklets for distribution via networking events/community groups.

Also included in the launch will be accompanying A4 posters + pop up stands.

Through HSCQI we have been able to secure booklet design which has not required additional funding which has added to the VFM for this product and an internal saving for SPPG.

It will also include “Easy Read” provided via TiLii and Plain English Crystal Mark for increased accessibility.

The launch plan also includes sticky labels, issued to Pharmacies for use on bags dispensed containing medicine. This will add to increased visual awareness for medicine safety. Built into the costs are translations services to topmost used languages in Northern Ireland.

The latest statistics for HSC workforce as up to March 2025(FTE equiv.)³.With extensive communications through Trust communications team, we intend to inform and educate this workforce to use and implement 5 MFMS toolkit.

Staff Group	2025
Administration & Clerical	13,235.0
Estates Services	826.7
Support Services	5,050.6
Registered Nursing & Midwifery	18,050.2
Nursing & Midwifery Support	4,219.1
Social Services (excluding Domiciliary Care)	8,848.5
Professional & Technical	10,163.0
Medical & Dental	5,217.9
Ambulance	1,254.0
Total	66,865.1

The Department of Health (DoH) Strategic Planning and Performance Group (SPPG) commissioned research as part of the Transforming Medication Safety in Northern Ireland (TMSNI) entitled “[Our Lives, Our Meds, Our Health: Exploring Medication Safety](#)”.

CDHN is NI’s leading organisation working to empower communities, improve health and well-being and reduce health inequalities and help to gather evidence to understand the SDOH and reflect peoples’ lived experiences.

Research on health inequalities shows that health and illness follow a social gradient - the lower a person’s socioeconomic position, the poorer their health is likely to be. This downward slope is the product of the social determinants of health (SDOH). The SDOH have a larger impact on health outcomes than genetic makeup or lifestyle behaviours and individuals’ ability to change is constrained by social circumstances. In NI, people from the most disadvantaged communities suffer a heavier. Our role in developing 5 MFMS provides another tool to ensure we are working towards better outcomes to include those in disadvantage back grounds.

The research aim was to investigate and highlight the social circumstances behind unsafe medication practices and avoidable medication related harm, aimed at informing the

³ [Northern Ireland health and social care \(HSC\) workforce statistics March 2025 | Department of Health](#)

implementation of the Transforming Medication Safety in NI (TMSNI) strategy using a community-based participatory research (CBPR) approach.

The TSMNI plan was developed in response to the World Health Organisation's (WHO) Third Global Patient Safety Challenge 'Medication without Harm'.

The Know, Check, Ask (KCA) campaign, a WHO medication safety campaign, was adapted by DoH and was rolled out during 2023.

One of the research objectives for CDHN included a critical reflection of the KCA campaign.

The development of the 5 Moments for Medication Safety Toolkit follows on from the initial work with KCA.

Who is affected by the policy or decision? Please provide and discuss a statistical profile. Please specify what sources of information you used to identify the statistical profile. Also provide details of how you involved those impacted (service users, staff, voluntary sector organisations etc.).

What is the makeup of the affected group (%) Do the statistics indicate that there are any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?

This tool is to be distributed to Community Pharmacists and GP Practices across Northern Ireland, intended for launch on 22nd October 2025 by the Health Minister /CPO.

It is intended for use across the public of Northern Ireland with no barriers to any section 75

Religious belief evidence / information: NA

Political Opinion evidence / information: NA

Racial Group evidence / information: that those whose first language is not English may require the materials in a different language).

Translations into initially into 10 languages is planned for this toolkit.

Age evidence / information: NA

Marital Status evidence / information:

Sexual Orientation evidence / information: NA

Men & Women generally evidence / information: NA

Disability evidence / information: NA

Minor

Previous tool KCA adapted using sign language ISL/BSL

The 5 MFMS video has also been adapted with ISL/BSL in collaboration with the British Deaf Association.

The resource was co-produced and reviewed in collaboration with members of TILII Translates (part of the Association for Real Change Northern Ireland (ARC NI)), including individuals with learning disabilities with expertise in developing accessible information.

The resource incorporates Photo Symbols, which are designed for Easy Read and accessible communication materials and are widely used across health and social care, government, and voluntary sector organisations. Their inclusion supports positive representation and promotes a sense of inclusion for the target audience.

The resource will be available in both paper and digital formats, including Easy Read, enabling individuals to access information in a way that best suits their needs and preferences.

The inclusion of diverse and representative imagery has been carefully considered. Easy Read is primarily designed to support people with learning disabilities, while also benefiting individuals with literacy or communication challenges. The use of clear, positive, and inclusive imagery is recognised as best practice and supports accessibility, engagement, and comprehension. While presentation styles may vary, the integration of imagery remains a core and widely accepted component of effective Easy Read materials.

Dependants' evidence / information: NA

1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Please also specify what sources of information you used to identify the needs/experiences/priorities (such as research papers, professional experience, engagement with those impacted). Also provide details of how you involved those impacted (service users, staff, voluntary sector organisations etc.).

Religious belief

None

Political Opinion

None

Racial Group

Minor

Translations are in hand for this tool & linking with HSE (Ireland) for My Medicines List in 51 languages. Consultation during the development phase for 5 Moments for Medication Safety included:

CAPE -Communication, Awareness, Promotion & Engagement Teams

- Much needed resource to reduce avoidable harm for patients prescribed medicines and will support the Know, Check, Ask message
- Will be well received as a useful patient tool in NI healthcare settings and will facilitate more efficient and focused conversations about medicines as well as support shared decision-making

PPI

- Provided direction on the physical format of the tool; suggested a booklet would be useful, in which notes could be made including additional questions to ask and to record key information received
- Provided feedback on the language used around carers to ensure the tool met the requirements of NI carers legislation
- Suggested to include other supporting campaign materials to raise awareness such as pharmacy bag stickers

Mental health group

- This tool may have prevented avoidable harm which I have experienced in the past when I stopped my medication without medical advice

Men's /Woman's group

- This will be of benefit to me, my partner and my neighbours. Having this booklet would give me more confidence to ask my doctor and pharmacist questions about my medication and treatment

SPPG lobby

- It would be useful to integrate another useful tool- the 'my medicines list' into the booklet as a reminder to keep the list and to update it at each of the moments

We acknowledge the importance of portraying the diversity of service users in any photos used in tools/resources.

Age

Minor: Young people.

There is intention to link 5MFMS with Schools' Pharmacy Programme and engage young people to co-design a version for this population.

The resource was co-produced and reviewed in collaboration with members of TILII Translates (part of the Association for Real Change Northern Ireland (ARC NI)), including individuals with learning disabilities with expertise in developing accessible information.

The resource incorporates Photo Symbols, which are designed for Easy Read and accessible communication materials and are widely used across health and social care, government, and voluntary sector organisations. Their inclusion supports positive representation and promotes a sense of inclusion for the target audience.

The resource will be available in both paper and digital formats, including Easy Read, enabling individuals to access information in a way that best suits their needs and preferences.

The inclusion of diverse and representative imagery has been carefully considered. Easy Read is primarily designed to support people with learning disabilities, while also benefiting individuals with literacy or communication challenges. The use of clear, positive, and inclusive imagery is recognised as best practice and supports accessibility, engagement, and comprehension. While presentation styles may vary, the integration of imagery remains a core and widely accepted component of effective Easy Read materials.

Marital status

None

Sexual orientation

None

Men and Women Generally

We acknowledge the importance of portraying the diversity of service users in any photos used in tools/resources.

Disability

Minor

Previous tool KCA online video was adapted with sign language ISL/BSL.

5MFMS has also been adapted to include ISL/BSL on its online video in collaboration with the British Deaf Association.

The resource was co-produced and reviewed in collaboration with members of TILII Translates (part of the Association for Real Change Northern Ireland (ARC NI)), including individuals with learning disabilities with expertise in developing accessible information.

The resource incorporates Photo Symbols, which are designed for Easy Read and accessible communication materials and are widely used across health and social care, government, and voluntary sector organisations. Their inclusion supports positive representation and promotes a sense of inclusion for the target audience.

The resource will be available in both paper and digital formats, including Easy Read, enabling individuals to access information in a way that best suits their needs and preferences.

The inclusion of diverse and representative imagery has been carefully considered. Easy Read is primarily designed to support people with learning disabilities, while also benefiting individuals with literacy or communication challenges. The use of clear, positive, and inclusive imagery is recognised as best practice and supports accessibility, engagement, and comprehension. While presentation styles may vary, the integration of imagery remains a core and widely accepted component of effective Easy Read materials.

We acknowledge the importance of portraying the diversity of service users in any photos used in tools/resources.

Dependants

None

<u>Part 2. Screening questions</u>

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none

Details of the likely policy impacts on Religious belief: (insert text here)

What is the level of impact? None

Details of the likely policy impacts on Political Opinion: (insert text here)

What is the level of impact? None

Details of the likely policy impacts on Racial Group: (insert text here)

What is the level of impact? Minor

Details of the likely policy impacts on Age: (insert text here)

What is the level of impact? Minor

Details of the likely policy impacts on Marital Status: (insert text here)

What is the level of impact? None

Details of the likely policy impacts on Sexual Orientation:

What is the level of impact? None

Details of the likely policy impacts on Men and Women: (insert text here)

What is the level of impact? None

Details of the likely policy impacts on Disability: (insert text here)

What is the level of impact? Minor

Details of the likely policy impacts on Dependents:

What is the level of impact? None

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

Based on the equality issues you identified in 1.5 and 1.6, what changes did you make and what do you intend to do in future in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified? Please specify below for each of the nine equality categories.

What do you intend to do in future to address the equality issues you identified?

In keeping with previous campaign, Know Check Ask, where we linked with BDA to produce a version of the video with sign language, we aim to replicate this version of 5 MFMS also which will be in keeping with equality guidelines.

The '5 Moments for Medication Safety' tool was originally developed by the World Health Organization to help make medicine use safer. The tool has been adapted in consultation with patients and carers for use throughout Northern Ireland. The tool has been costed for Plain English review, and it will also be screened by the Northern Ireland Organisation TiLii "Telling it like it is".

This organisation empowers people with learning disabilities, autism and other support needs to have their voices heard through various projects.

The ambition is also to translate the 5 MFMS tool into other languages.

The resource was co-produced and reviewed in collaboration with members of TiLii Translates (part of the Association for Real Change Northern Ireland (ARC NI)), including individuals with learning disabilities with expertise in developing accessible information.

The resource incorporates Photo Symbols, which are designed for Easy Read and accessible communication materials and are widely used across health and social care, government, and voluntary sector organisations. Their inclusion supports positive representation and promotes a sense of inclusion for the target audience.

The resource will be available in both paper and digital formats, including Easy Read, enabling individuals to access information in a way that best suits their needs and preferences.

The inclusion of diverse and representative imagery has been carefully considered. Easy Read is primarily designed to support people with learning disabilities, while also benefiting individuals with literacy or communication challenges. The use of clear, positive, and inclusive imagery is recognised as best practice and supports accessibility, engagement, and comprehension. While presentation styles may vary, the integration of imagery remains a core and widely accepted component of effective Easy Read materials.

Purpose:

- Encourage active patient involvement and open communication with health professionals in relation to medications they are prescribed/take.
- The tool highlights the 5 key moments where patients/carers can reduce the risk of harm related to medication.

The tool will be launched in November 2025, to align with Health Literacy Month.

It will be available in hard copy, online, easy read and initially translated into topmost frequently spoken languages in Northern Ireland.

Who it's for:

- Patients, families, and carers – to use with support from health professionals.
- Health professionals – to introduce and support use of the tool.

When to use it:

- Health professionals can help answer your questions about your medicines.
- During visits to doctors, nurses, pharmacists, or dentists.
- At GP practices or pharmacies.
- Upon admission or discharge from healthcare facilities.
- When referred or transferred between healthcare facilities.
- While receiving treatment or care at home.

How to use it:

- Use the tool before, during and after health care appointments
- Bring it to health care appointments.
- The questions are set as a guide
- Read through the questions in each of the 5 moments They will help you ask health professionals the right questions about your medicines.
- Use the 'Notes' section to record queries or new information. Use the 'my medicines list' to record all your medicines. Update it each time there is a change in medication.

Role of Health Professionals:

- Introduce and explain the tool to patients and carers.

- Encourage patients and carers to use the tool before, during and after health care appointments.
- Promote patient engagement through the use of the tool

A series of promotional engagement sessions will be delivered across HSC to raise awareness with HSC staff.

An additional aspect to ensure mitigation in the area for health literacy, the toolkit has been approved with the Crystal Mark (Plain English) so will be easily read and understood.

We acknowledge the importance of portraying the diversity of service users in any photos used in tools/resources.

Religious Belief:

None

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Political Opinion

None

Your mitigation to date: NA

Your intended additional mitigation in future:

The tool was reviewed in June 2026 on receipt of anonymous feedback after the uploading of the Easy Read version to the HSC website. This was provided through a QR code for feedback included on the main 5MFMS Booklet.

The feedback stated concerns about the inclusion of certain imagery, specifically the use of a person with Trisomy 21, by stating this was inappropriate and raised questions as to why images were included in this booklet when they were not used in others.

The feedback also indicated that the issue may be escalated if not addressed.

The feedback was thoroughly reviewed and the decision made to temporarily remove this Easy Read version of the toolkit from the HSC website until a thorough review took place and guidance sought.

Following consultations with the BSO Equality Unit and the TiLii Group, as the authors of this Easy Read Version, we are satisfied that the correct procedures and processes were followed in the development of the Easy Read Version to allow us to upload this resource

again, in its current format, to the HSC Website to sit along with all other resources developed.

Racial Group

None

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Age

None.

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Marital Status

None.

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Sexual Orientation

None.

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Men and Women generally

None

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Disability

Yes

Your mitigation to date:

Previous video for KCA was adapted using ISL/BSL.

The toolkit 5MFMS has similarly been adapted to include ISL/BSL in association with the British Deaf Association.

The resource was co-produced and reviewed in collaboration with members of TiLii Translates (part of the Association for Real Change Northern Ireland (ARC NI)), including individuals with learning disabilities with expertise in developing accessible information.

The resource incorporates Photo Symbols, which are designed for Easy Read and accessible communication materials and are widely used across health and social care, government, and voluntary sector organisations. Their inclusion supports positive representation and promotes a sense of inclusion for the target audience.

The resource will be available in both paper and digital formats, including Easy Read, enabling individuals to access information in a way that best suits their needs and preferences.

The inclusion of diverse and representative imagery has been carefully considered. Easy Read is primarily designed to support people with learning disabilities, while also benefiting individuals with literacy or communication challenges. The use of clear, positive, and inclusive imagery is recognised as best practice and supports accessibility, engagement, and comprehension. While presentation styles may vary, the integration of imagery remains a core and widely accepted component of effective Easy Read materials.

The Easy Read produced by TiLii used Photo Symbols in line with good practice recommendations, and these photo symbols portrayed service users in their diversity along different equality groups. Given the importance of visibility and recognition, this included e.g. photos of people with Trisomy 21.

Your intended additional mitigation in future: Continual review of the tool

Dependants: No

Your mitigation to date: NA

Your intended additional mitigation in future: NA

Having considered the above, are there any opportunities to better promote equality by adopting an alternative policy or decision? NA

Please specify what alternative policies or decisions you considered

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on religious belief: (insert text here)

What is the level of impact? None

Details of the likely policy impacts on Political Opinion: (insert text here)

What is the level of impact? None

Details of the likely policy impacts on Racial Group: (insert text here)

What is the level of impact? None

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

NA

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief - If Yes, provide details:

If No, provide reasons:

Political Opinion - If Yes, provide details:

If No, provide reasons:

Racial Group - If Yes, provide details:

If No, provide reasons:

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?

(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).

No

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

NA

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so, please provide details. NA

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as.

No impact

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No

3.3 Please explain your reason.

The tool 5 Moments for Medication Safety Toolkit is based on WHO guidelines with minimal divergence from this.

The tool is not a policy – it is a guideline. Any logos attached this document state that it is for information guidelines only as per the document page 12.

3.4 Mitigation

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

No

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy. NA

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been ‘**screened in**’ for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating 3** (1-3)

Social need – **Rating 3** (1-3)

Effect on people’s daily lives – **Rating 3**(1-3)

Relevance to a public authority’s functions – **Rating 3** (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public

Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities? No

If yes, please provide details.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

Feedback loop: QR code on tool.

There will also be monitoring through the GP Practices and Community Pharmacies where the tool is being launched.

We will ensure that we act on feedback from all GPs & Community Pharmacists when they receive their allocation of printed toolkits.

An online version will also be in place.

We intend to run a social media campaign for the launch. We will be able to receive feedback on the hits and reach which the tools received during the week of these campaigns.

We have tested the prototype across several SPPG /PHA PPI Groups and Community Groups. We will continue to test the version and ensure any improvements are actioned.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Please specify your quantitative and qualitative monitoring arrangements for

(1)Equality and Good Relations

NA

(2)Disability Duties

Looking to develop the tool to ensure access for all disabilities and linking with the relevant associations to allow this to happen

(3)Human Rights

NA

Please note: - *For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.*

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

We want to help people to ask their health care professional questions about their medication, treatment and care plan.
This will assist them to manage their medication safely and enable them to get the best intended outcomes.

The '5 Moments for Medication Safety' 5MFMS patient engagement tool/booklet provides patients, families or caregivers with information about what types of questions they can ask a health care professional.

The tool aims to engage and empower patients to be involved in their own care and when decisions are made about their medicines. It can be used in collaboration with any health care professional during any of these 'moments' and helps patients to record valuable information that will support them to manage their medication safely.

If the delivery of the next phase of the TMSNI Strategy is not provided there will be a gap in continuity of messaging and risk harm from a lack of health literacy awareness.

An Easy Read version of the resource has been developed to support accessibility. While primarily intended to assist people with learning disabilities, Easy Read materials can also benefit individuals with literacy or communication difficulties. In line with best practice, the resource incorporates positive and inclusive imagery of people with learning disabilities to support understanding and engagement.

The Easy Read version was co-produced and reviewed in collaboration with TILII Translates (part of the Association for Real Change Northern Ireland (ARC NI)), including contributors with learning disabilities who have expertise in developing accessible information. The

imagery used includes Photo Symbols, which are designed for Easy Read materials and are widely utilised across health and social care, government, and voluntary sector organisations.

Based on experience in supporting organisations to develop Easy Read resources, the inclusion of such imagery has not previously given rise to concerns. On the contrary, representation is generally viewed positively and supports a sense of inclusion among the intended audience.

While presentation styles may vary across organisations, the use of imagery remains a standard and widely accepted feature of Easy Read materials, supporting accessibility and comprehension.

Accordingly, the use of Photo Symbols e.g., including images representing people with Trisomy 21, is considered appropriate and consistent with established good practice in the development of accessible Easy Read resources.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

In 2023, as a response to the launch of KCA and My Medicines List, the expectation was set that the complementary part 2 “5 Moments for Medication Safety” would follow, the aim to educate Patients and the Public on the need for Medication Safety.

Research carried out by CDHN⁴ suggests that people’s everyday lives and social circumstances can impact their ability to take medication as prescribed.

This supports other research and warrants more attention by healthcare providers. Health literacy is a dominant theme, with participants in research having varying abilities in accessing, understanding, appraising, remembering, and using information about their medication.

To address this, the 5MFMS booklet/tool has been developed for a Northern Ireland audience.

This new tool aims to equip our service users and carers to practice the principles of KCA. Funding is required to launch the newly developed 5 MFMS booklet. This will also include sticky labels for Pharmacy bags promoting the 5 MFMS on medicine bags dispensed and essential promotional material

Part 6. Human Rights

6.1 Does the policy / decision affects anyone’s Human Rights?

⁴ CDHN Community Development in Health Care Network “Our Lives Our Meds Our Health”

Details of the likely policy impacts on Article 2 – Right to life: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 10 – Right to freedom of expression: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 12 – Right to marry & found a family: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: (insert text here)

What is the impact? Neutral

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

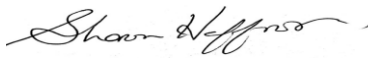
- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

NA

6.3 Outline any 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/decision.

NA

Part 7 - Approval and authorisation

Screened by:	Position/Job Title	Date
Sharon Heffron 	Project Manager TMSNI	15.10.25
Approved by:		
Angela Carrington 	Pharmacy Lead TMSNI	15.10.25
Copied to EHRU:		

Contents Review date	26.6.26
----------------------	---------

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.