

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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NICE guidelines

Equality impact assessment

Neonatal parenteral nutrition

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

The following groups were identified and discussed when drafting the guideline scope:

- Parents or carers whose first language is not English
- Parents or carers who have learning difficulties or disabilities

There are inequalities that have been identified relating to how information is provided to them and the type of support they need.

It is known that being a young woman (aged 17 years or under) or a woman with a low socioeconomic status increases the risk of giving birth to a baby preterm. These groups could require particular support and specific recommendations may be required to address their particular needs.

Other groups that were identified:

Parents or carers following a vegetarian or vegan diet and those who have religious

beliefs that may make some constituents of parenteral nutrition (such as fish oil) unacceptable to them.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Recommendations by the Committee relating to support, information and communication should take into account parents and carers in whom English was not their first language, parents or carers from a low socioeconomic background and young mothers (aged 17 years or under).

The Committee will consider the acceptability of constituents of parenteral nutrition and will may make separate recommendations if one particular type of constituent may cause concern for people following a vegetarian or vegan diet or may object based on religious grounds.

Completed by Developer Katharina Joorayessi (Guideline Lead)_____

Date 03/08/2017_____

Approved by NICE quality assurance lead _____

Date _____

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

No potential equality issues were raised by stakeholders.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

N/A

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'information for the public' recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

N/A

Updated by Developer *Katharina Joorayati*

Date 23rd June 2017

Approved by NICE quality assurance lead _____

Date _____

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Yes, the potential equality issues identified during the scoping process were addressed as follows:

Inequalities related to how information is provided is addressed in the following way:

It was recognised by the committee that all parents or carers need information and support, with some specific groups requiring additional adjustments in the recommendations.

An individualised approach has been taken in relation to communication and information provision (recommendation 1.9.3). This includes a cross-reference to the [NICE guideline on patient experience in adult NHS services](#). The [NICE guideline on patient experience in adult NHS services](#) contains recommendations on communication and information provision (such as the need for interpreters and tailoring information using pictures, symbols or large print, Braille and different languages). Asking parents or carers when and how they would like to receive information (recommendation 1.9.1) and recommending that opportunities and time should be provided to revisit information (recommendation 1.9.4) also supports people with communication needs because they can highlight their own needs and preferences about the timing and format of information and messages can be reinforced so that information which may not been understood when it was first given, can be reiterated. It therefore addresses the needs of the following groups:

- Parents or carers whose first language is not English
- Parents or carers who have learning difficulties or disabilities

This is related to the following recommendations:

1.9.1 Ask parents and carers how and when they would like to receive information and updates, and how much information they would like about their baby's care.

1.9.3 Give information to parents or carers that:

- is tailored to their baby's circumstances
- meets their needs and preferences
- is up to date, relevant and consistent between healthcare professionals
- is available in suitable formats (written and spoken, with information available

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

to take away).

For more guidance on communication (including different formats and languages), providing information, and shared decision making, see the [NICE guideline on patient experience in adult NHS services](#).

1.9.4 Provide regular opportunities and time for parents and carers to discuss their baby's care, ask questions about the information they have been given, and discuss concerns.

The fact that younger women (aged 17 years or under) or women from a lower socioeconomic background have an increased risk of giving birth was not specifically addressed because the care and information related to parenteral nutrition would be the same as for other parents.

The committee considered whether a specific recommendation was needed for people with a vegetarian or vegan diet. This was discussed in relation to the following recommendation:

1.4.6 For preterm and term babies with parenteral nutrition-associated liver disease, consider giving fish oil-containing lipid emulsions.

However, the committee decided that a recommendation for people adhering to a specific diet would potentially put the baby at risk (due to the seriousness of liver disease in babies). It is always assumed that any treatment would be discussed with the parent and they would have the right to refuse.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

It was recognised that access to services varies across the country and to alleviate these differences the committee made the following recommendations:

1.8.1 Neonatal parenteral nutrition services should be supported by a specialist multidisciplinary team. Such teams could be based locally or within a clinical

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

network.

1.8.2 The neonatal parenteral nutrition multidisciplinary team should include a consultant neonatologist or paediatrician with a special interest in neonatology, a neonatal pharmacist and a neonatal dietitian, and should have access to the following:

- a neonatal nurse
- a paediatric gastroenterologist
- an expert in clinical biochemistry.

1.8.3 The neonatal parenteral nutrition multidisciplinary team should be responsible for:

- governance, including:
 - agreeing policies and protocols for the neonatal parenteral nutrition service
 - ensuring that policies and protocols for neonatal parenteral nutrition are followed and audited
 - monitoring clinical outcomes
- supporting delivery of parenteral nutrition, including:
 - providing clinical advice
 - providing enhanced support for babies with complex needs, for example, babies with short bowel syndrome who may need long-term parenteral nutrition.

This would standardised services parenteral nutrition services and therefore give equal access to all.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Equality considerations in relation to information and support as well as service design have been described in the relevant rationale and impact sections as well as in the discussion sections in the associated evidence reports.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the preliminary recommendations make it easier in practice to gain access to services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, there is no potential for this.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The recommendations and associated discussion sections fulfil NICE's obligation to advance equality.

Completed by Developer Katharina Joorupathi

Date 9th July 2019

Approved by NICE quality assurance lead _____

Date _____

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

No additional potential equality issues were raised by stakeholders.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No there are not.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

The draft recommendation 1.4.6, to consider giving fish oil-containing lipid emulsions to babies with parenteral nutrition-associated liver disease, has now been amended to:

“For preterm and term babies with parenteral nutrition-associated liver disease, consider giving a [composite lipid emulsion](#) rather than a pure soy lipid emulsion”

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

(recommendation 1.5.5).

As a result, the recommendation no longer has a specific impact for people with a vegetarian or vegan diet or those who have religious beliefs that may make some constituents of parenteral nutrition (such as fish oil) unacceptable to them.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Equality considerations in relation to information and support as well as service design have been described in the relevant rationale and impact sections as well as in the discussion sections in the associated evidence reports.

Updated by Developer *Katharina Joorupathi*

Date 24th November 2019

Approved by NICE quality assurance lead _____

Date _____

5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

This is not applicable.

Approved by Developer *Katharina Jooruputti*

Date 5th February 2020

Approved by NICE quality assurance lead _____

Date _____

NICE guidelines

Equality report EIA analysis form

Neonatal parenteral nutrition

Product Code									
Title / Topic		Neonatal parenteral nutrition							
If equality issues identified, how many?		6							
What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
1					1			1	3
How many issues had an impact on recommendations?		3							
If equality issues were identified, summarise what they were		<ul style="list-style-type: none"> • Young women (aged 17 or under) or women with a low socioeconomic status are at increased risk of giving birth to a baby preterm. • Parents or cares following a vegetarian or vegan diet and those who have religious belief that may make some constituents of parenteral nutrition (such as 							

			<p>fish oil) unacceptable to them.</p> <ul style="list-style-type: none"> • People whose first language is not English or who have learning disabilities may need different information provision. • It was also recognised that there is not equal access to services across the country with considerable variation in practice. 						
What was the breakdown of equality issues with an impact on recommendations?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
									3
<p>If equality issues had impacts on recommendations, summarise these impacts</p>									<p>People whose first language is not English or who have learning disabilities may need different information provision. A link to the NICE guideline on patient experience in adult NHS services was provided which give guidance on the use of interpreters</p>

							<p>and also how to tailor information to the needs of people with different levels of knowledge and understanding.</p> <p>It was also recognised that access to services varies across the country and therefore this guideline will contribute to greater equality in provision of services.</p>
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