

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

EQUALITY IMPACT ASSESSMENT

NICE guidelines

Parenteral nutrition in neonates

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

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

1.0.7 DOC EIA

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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 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

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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 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:

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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?

- 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?

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.

1.0.7 DOC EIA

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 Dworzynski

Date: 9 July 2019

Approved by NICE quality assurance lead: Christine Carson

Date: 29 July 2019