

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Neonatal jaundice

Output: Equality analysis form – meeting 1

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Draft quality standard

Topic: Neonatal jaundice

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

It may be difficult to recognise jaundice in some babies with dark skin tones. Draft quality statement 1 on information for parents or carers includes a definition of how to check the baby for jaundice which is useful across all skin tones (examination of the sclerae, gums and blanched skin in bright (preferably natural) light).

It was identified that parents or carers with sight impairments may need support with carrying out visual checks for jaundice, including checking nappies for pale stools or dark urine.

Deficiency of a particular enzyme, glucose-6-phosphate-dehydrogenase, can cause severe neonatal jaundice. This deficiency is more common in certain ethnic groups and runs in families. Assessment for underlying disease was not prioritised as an improvement area as the Committee felt that this testing is already routine practice.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

This is the second stage of the process which will look to elicit comments from stakeholders.

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to neonatal jaundice have been recruited. The topic overview and request for areas of quality improvement has been published and the draft QS will be published to invite wide stakeholder comment, including from those with a specific interest in equalities.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

The quality standard covers the recognition and management of neonatal jaundice in newborn babies (both term and preterm) from birth to 28 days only, in all settings. This is appropriate, being consistent with the accepted definition of a

neonate and therefore the period during which neonatal jaundice occurs. The quality standard does not cover babies with jaundice who need surgery to correct the underlying cause or management of conjugated hyperbilirubinaemia in babies because neither of these groups is covered by the source guidance (NICE clinical guideline 98).

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

No barriers identified.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

We believe this quality standard promotes equality. For example, statement 1 on discussion and information states that:

- Information about neonatal jaundice should be accessible to parents or carers with additional needs such as physical, sensory or learning disabilities, and to parents or carers who do not speak or read English.
- Parents or carers of babies with neonatal jaundice in any setting should have access to an interpreter or advocate if needed.
- Extra support with visual checks for jaundice and checking nappies for pale stools or dark urine should be provided to parents or carers with sight impairments.
- The definition of how to check the baby for jaundice is written to be useful across all skin tones: examination of the sclerae, gums and blanched skin in bright (preferably natural) light.