

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Antibiotics for neonatal infection

**Output:** Equality analysis form – Meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://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**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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).
<b>Marital status (including civil partnership)</b>

**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: Meeting 2

#### Topic: Antibiotics for neonatal infection

**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.

No specific issues affecting equality groups in terms of access to maternity or neonatal care relating to neonatal infection were identified during the development of this quality standard. However in producing the quality statement on the provision of information about neonatal infection to parents and carers the quality standard notes the need to ensure that information is 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.

**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?

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, representation was sought from a variety of specialist committee members including neonatologists, microbiologists, midwives, and academic and lay representation. The published topic overview and request for areas of quality improvement received wide stakeholder response, including from stakeholders with a specific interest in equalities. These suggested areas of quality improvement were then considered at the QSAC meeting attended by standing committee and specialist committee members.

The draft quality standard was published for a 4 week stakeholder consultation period in July 2014. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may have resulted in changes to the quality standard (see NICE website).

The QSAC was asked to highlight potential equality issues when agreeing the final set of quality statements, and quality statement 5 therefore includes a note on equality issues relating to the provision of information to parents and carers about neonatal infection.

**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 use of antibiotics for the prevention and treatment of neonatal infection in newborn infants (both term and preterm) from

birth to 28 days only. This is consistent with the accepted definition of the neonatal period. Another quality standard, on feverish illness in children, covers children up to 5 years of age.

Although the quality standard covers neonatal infection up to 28 days, the first 5 quality statements only cover early-onset neonatal infection (up to 72 hours of birth). This is because of a lack of NICE-accredited guidance on the use of antibiotics for late-onset neonatal infection (from 72 hours to 28 days). A placeholder statement on the use of antibiotics in late-onset neonatal is therefore included in the quality standard.

**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?

All statements in this quality standard apply equally to all population groups, and no quality statement makes it impossible or unreasonably difficult for specific groups to access a service.

**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?

Because all statements in this quality standard apply equally to all population groups, and because quality statement 5 notes the need to ensure that information for parents and carers about neonatal infection is accessible to all, we believe this quality standard will advance equality.