

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Equality impact assessment

### Chronic kidney disease: assessment and management (update)

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

#### 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?

Yes. Several stakeholders raised that the recommendation to use a correction factor for eGFR in people with an African-Caribbean or African family background could potentially have an adverse impact on people from this group by making unhelpful generalisations on the basis of ethnicity. The committee agreed that the evidence for using a correction factor based on ethnicity was not strong, and that differences between ethnicities are likely to arise because of other confounding factors, such as a difference in muscle mass. Therefore the recommendation on using a correction factor for people with an African-Caribbean African family origin was removed, and the committee emphasised the importance of taking an individual approach when assessing eGFR.

Additionally, one stakeholder highlighted that people of south Asian ethnicity with diabetes are at a disproportionately higher risk of cardiovascular disease as well as chronic kidney disease compared to those of white European ethnicity. They suggested that SGLT2 inhibitors might be preferred in some ethnic groups compared to other glucose-lowering agents because of their protective cardiovascular effects. No changes to the recommendations were made in response to this issue because it is being considered by an update to the type 2 diabetes guideline (which includes people with CKD) and as part of an extra piece of work evaluating the effectiveness of SGLT2 inhibitors for people with diabetes and CKD. This has been noted in the response to the stakeholder.

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, recommendations have not changed in a way that could have an adverse impact on people from specific groups.

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, recommendations have not changed in a way that could have an adverse impact on people with disabilities.

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?

Not applicable. No barriers were identified.

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

Yes, consideration of equality issues is included in the rationale sections in short guideline and the committee discussion sections of the evidence reviews. In particular, see the rationale and committee discussion section for evidence review A on the diagnostic accuracy of eGFR calculations in adults, children, and young people from black, Asian and other minority ethnic groups with CKD.

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Approved by NICE quality assurance lead: Kay Nolan

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