Indicator development programme

Equality Impact Assessment

# NM247 Kidney health: CKD - ACEi and ARB

1. Have any potential equality issues been identified during the development process?

[Kidney Research UK’s kidney health inequalities in the United Kingdom](https://www.kidneyresearchuk.org/2019/03/13/report-reveals-disparities-in-kidney-health-across-the-uk/) (2019) notes inequalities related to kidney care, including by ethnicity, sex and level of deprivation.

[CVDPrevent](https://www.cvdprevent.nhs.uk/home) data for indicators CVDP004CKD, CVDP005CKD, CVDP007CKD, CVDP010CHOL which measure key aspects of care for people with CKD shows variation in achievement including by gender, age and ethnicity.

1. Have any population groups, treatments or settings been excluded from coverage by the indicator? Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The indicators do not include people aged under 18 as they will be managed within different services to those aged 18 and over. The QOF CKD register is for adults aged 18 and over only.

The indicators focus on people with severely increased albumin to creatinine ratio (ACR). Adults with CKD and an ACR less than 70 mg/mmol are excluded from the indicator on use of ARBs and ACE inhibitors as there are no NICE recommendations for treatment in this group.

People with CKD and diabetes are excluded from the indicator on use of ARBs and ACE inhibitors as current NICE menu indicator NM95 covers this population.

1. Does the indicator 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.

1. Is there potential for the indicator to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

Completed by lead technical analyst: Charlotte Fairclough

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Approved by NICE quality assurance lead: Mark Minchin

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