

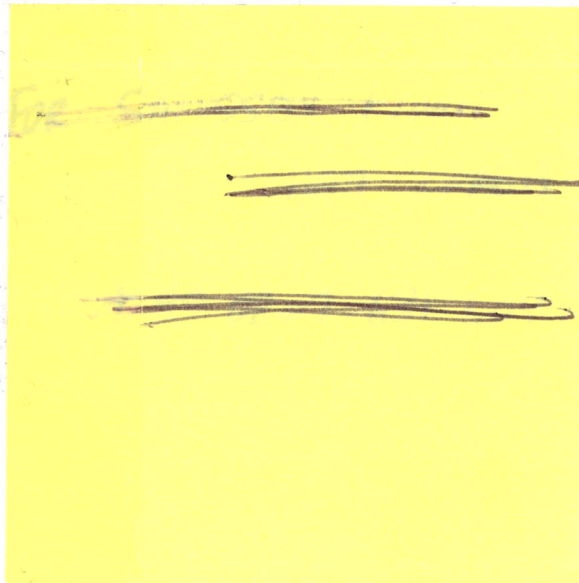
**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE****GUIDELINES EQUALITY IMPACT ASSESSMENT FORM  
SCOPING**

As outlined in the guidelines manual NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equalities issues have been considered in reaching the final scope for a clinical guideline.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues have been considered at **every stage** of the scoping (from drafting the key clinical issues, stakeholder involvement and wider consultation to the final scope)
- Where groups are excluded from the scope, to comment on any likely implications for NICE's duties under equality legislation
- To highlight planned action relevant to equalities.

This form is completed by the National Collaborating Centre (NCC) Director and the Guideline Development Group (GDG) Chair for **each guideline** and submitted with the final scope for sign off by the Chair of the Guidelines Review Panel (GRP) and the lead from the Centre for Clinical Practice.



<b>EQUALITY CHARACTERISTICS</b>	
<b>Sex/gender</b>	<ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• Asian or Asian British</li> <li>• Black or black British</li> <li>• People of mixed race</li> <li>• Irish</li> <li>• White British</li> <li>• Chinese</li> <li>• Other minority ethnic groups not listed</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Sensory</li> <li>• Learning disability</li> <li>• Mental health</li> <li>• Cognitive</li> <li>• Mobility</li> <li>• Other impairment</li> </ul>
<b>Age<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Older people</li> <li>• Children and young people</li> <li>• Young adults</li> </ul> <p><sup>1</sup> Definitions of age groups may vary according to policy or other context.</p>
<b>Sexual orientation &amp; gender identity</b>	<ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> <li>• Transgender people</li> </ul>
<b>Religion and belief</b>	
<b>Socio-economic status</b>	<p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas etc) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<b>Other categories<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• Gypsy travellers</li> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• Looked after children</li> <li>• Homeless people</li> </ul> <p><sup>2</sup> This list is illustrative rather than comprehensive.</p>

## **GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING**

### **Guideline title: Acute Kidney Injury**

#### **1. Have relevant equality issues been identified during scoping?**

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
  - If the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
  - If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

The scope considers all people aged one month or over who receive healthcare in primary, secondary or tertiary settings irrespective of gender, ethnicity, disability, religion or beliefs, sexual orientation and gender identity or socio-economic status. Older people have been identified as a subgroup that may need particular consideration and therefore specific issues relating to this group will be addressed when reviewing the evidence and formulating the recommendations.

Should any other inequalities in care be identified during the course of guideline development process we will also address them.

#### **2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?**

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The focus of this guideline is to address the known and unacceptable variations in the recognition, assessment initial treatment and referral for dialysis in acute kidney injury in the general setting

- a) Neonates have been excluded, as they have specific needs and interventions for this group usually occur appropriately and in a timely fashion. Less information is available on specific outcomes related to AKI as opposed to those associated with prematurity per se.
- b) Acute kidney injury in renal transplant patients has also been excluded as these patients have a different spectrum of causes of acute kidney injury.
- c) Acute kidney injury in pregnant women has a different spectrum of causes, with less morbidity and mortality than in the non-pregnant population.
- d) Other exclusions in the scope such as IV fluid therapy are based on the availability of parallel NICE guidance and the need for specific management to be considered separately.

**3. Have relevant bodies and stakeholders been consulted?**

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Following the stakeholder workshop of the 6th of April 2011, the scope was revised to incorporate stakeholder comments. Registered stakeholders were also invited to comment on the draft scope during the consultation period (17<sup>th</sup> of May until the 14<sup>th</sup> of June 2011), and the scope was revised again to address and incorporate relevant comments. All comments were addressed and responded to.

