NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT - RECOMMENDATIONS

Clinical guideline: Chronic kidney disease: Early identification and management of chronic kidney disease in adults in primary and secondary care

As outlined in The guidelines manual (2012), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected 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 form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations

- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
• Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation • Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
• 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 (for example, the North–South divide; urban versus rural).
• Other 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 can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance: • refugees and asylum seekers • migrant workers • looked-after children • homeless people.

1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Older people (age >75)	This group was carefully considered when all evidence was reviewed and in the health economic model. The evidence reviews did not identify any differences in this subgroup when this subgroup was included in the analysis. In many areas, evidence was lacking for this sub-group. The GDG agreed that in the absence of any evidence suggesting people aged over 75 should be treated differently, no separate recommendations should be made. The issue has been acknowledged as a GDG consideration in the Linking Evidence to Recommendations (LETR) sections for relevant recommendations. A recommendation was included to state that: For any given stage of CKD, do not determine management solely by age.
Measurement of kidney function in people from the black and ethnic minorities	As stated in CG73, a correction factor must be applied to the MDRD equation for people of African-Caribbean and African family origin. As a recommendation has now been made for the use of the CKD-EPI creatinine equation in preference to the MDRD, the correction factor has been updated to reflect the use of this new equation. The evidence reviews did not identify any other differences in this subgroup and so no other separate recommendations were made.
Access to self management	The evidence base for self-management tools that were accessible to all was lacking. The GDG therefore agreed that further research was required. A research recommendation was drafted for self-management support interventions, and it was highlighted within this that consideration should be given to Asian, black and minority ethnic groups, and those with poor health literacy and low socio-economic status. The patient experience guideline is included within the list of related guidelines which includes recommendations on ensuring services are equally accessible to all.
Other comments	

Insert more rows as necessary.

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
One stakeholder raised that consideration also needs to be given to the ethnicity of the UK population where existing published evidence shows that the BAME members are 5 times more at risk of CKD.	This does not impact on the recommendations. With respect to ethnicity and chronic kidney disease, although there is observational data that indicates a greater risk of end-stage kidney disease receiving dialysis and/or transplantation in BAME members there is no evidence to support a difference in prevalence of CKD by ethnicity.
Other comments	
No equalities issues were identified after scoping.	

Insert more rows as necessary.

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

None of the recommendations discriminate against any individual or specific group.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

The recommendations were formulated to be inclusive of all people with CKD as there is no evidence that any subgroups require different treatment. A recommendation is included to state that: age, gender or ethnicity should not be used as risk markers to test people for CKD.

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendations are formulated so as to promote the person with CKD's involvement in their care, to foster good relations between primary and secondary care and between laboratories and health care professionals.