

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Acute kidney injury: prevention, detection and management (update)

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Not applicable. This update did not undergo a scoping phase.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee noted that eGFR thresholds vary in some ethnic backgrounds. Since this is widely known, the committee agreed that this is part of routine clinical practice, however they chose to highlight it in the committee discussion section of the evidence review.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

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The committees discussions about equality issues are contained within the committee discussion section of the guideline.

3.4 Do the preliminary recommendations 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?

The committee do not believe the preliminary recommendations will make it more difficult for any groups to access services. Furthermore, the recommendations will make it easier for people to access the service since many people who may have had to spend time in hospital for IV fluids will no longer need to do so.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The preliminary recommendations will make it easier for people to access the service since many people who may have had to spend time in hospital for IV fluids will no longer need to do so. There may be a differential impact of the recommendations on people who find it difficult to hydrate orally or who will not self-hydrate with encouragement alone, for example people who have dysphagia or conditions that affect their short-term memory.

3.6 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 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The committee reiterated the need to adjust eGFR values in people from different ethnic backgrounds. The committee did not feel that they could make any

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recommendations on people from different backgrounds because they did not see any evidence reporting on these populations.

The committee agreed that people who could not orally hydrate would normally have provision in place to mitigate this.

Completed by Developer: Chris Carmona (Senior Technical Analyst)

Date: 8th July 2019

Approved by NICE quality assurance lead: Kay Nolan, Guideline Lead

Date: 3rd October 2019