

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Acute kidney injury: prevention, detection and management (NICE guideline NG148)

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

Assessing risk factors for acute kidney injury in adults having iodine-based contrast media

Appendix A: equality and health inequalities assessment (EHIA)

2023 exceptional surveillance of acute kidney injury: prevention, detection and management (NICE guideline NG148)

STAGE 2. Informing the scope

(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

Acute kidney injury: prevention, detection and management NG148

Date of completion: [Enter date]

Focus of guideline or update: the assessment of risk factors for acute kidney injury in adults having iodine-based contrast media

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

This document has been compiled using information taken from EHIA 2023 exceptional surveillance of acute kidney injury: prevention, detection and management (NICE guideline NG148).

<https://www.nice.org.uk/guidance/ng148/documents/equality-and-health-inequalities>

No new equality and health inequalities issues were identified in the 2023 exceptional surveillance of acute kidney injury review.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

The EHIA 2023 exceptional surveillance of acute kidney injury: prevention, detection and management (NICE guideline NG148) highlighted previous equality impact assessments conducted for this guideline including CG169 which identified older people as a subgroup that may need particular consideration. The recommendations on risks of contrast media, made no specific considerations for older people – although age 75 years or over was noted as risk factor for increased risk of acute kidney injury.

A 2019 update of NG148 (around preventing contrast-induced AKI) stated that 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.

NICE diagnostics guidance DG37 point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast, noted that kidney disease occurs more frequently in males, people over the age of 60, and those of African- Caribbean, African or South-Asian family origin. It noted that the eGFR equation (which the creatinine result is used in) can be adjusted to reflect the race, age and sex of the patient. Recommendation 1.2 states: Take age, sex and ethnicity into account when assessing risk of acute kidney injury using a questionnaire-based tool. The committee

noted that the availability of POC devices could have a greater benefit in groups at higher risk of kidney disease than others (including men, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin).

No new equality and health inequalities issues were identified in the 2023 exceptional surveillance of acute kidney injury review.

During scoping for the update, the committee highlighted the current debate about adjusting the eGFR equation to reflect ethnicity. The CKD-epi eGFR equation was introduced in 2009 that incorporated adjustments for age, gender and ethnicity. However, the evidence for ethnicity adjustment has been increasingly questioned. In 2021 the US updated the CKD-epi eGFR equation to estimate kidney function without a race variable. However, this has not been validated in a UK population. In the 2021 update of the NICE chronic kidney disease (CKD) guideline the recommendation to adjust for ethnicity was removed, because the evidence demonstrated adjusting for ethnicity when calculating eGFR may not be valid or accurate. A research recommendation was made on appropriate eGFR equations for black, Asian and minority ethnic groups in the UK.

Older people with reduced kidney function may not have equal access to medical procedures using contrast media such as coronary angiography, because of the perceived increased risk from contrast media.

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Membership of the committee will represent a range of perspectives and expertise so that equalities considerations are considered in the development of the update. Lay members will be recruited onto the committee who will provide lived experience of the condition.

The studies included in reviews will be checked for which CKD-epi eGFR equation has been used and if they have adjusted for race or not. The committee will take into account the subgroups identified in 2.2 when developing the review protocol and whether recommendations are required for specific subpopulations.

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

Not applicable, no consultation is planned.

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

We will recruit lay members who will contribute to the final scope of the guideline update and consider equality and health inequalities. They will also be involved in committee discussions about the evidence and decisions about recommendations. They will also be asked to discuss how the suggested recommendations fit with their personal experiences.

Registered stakeholder patient organisations and charities representing people who experience health inequalities will have opportunity to comment during the consultation of the update

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

Not applicable. No consultation is planned.

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

Children and young people under 18 years of age are excluded from the scope of this update. None of the groups identified in this document are excluded from the scope

Completed by developer _____ Gill Ritchie _____

Date _____ 8.2.24 _____

Approved by committee chair _____ C.Jones _____

Date _____ 24.04.24 _____

Approved by NICE quality assurance lead _____

Date _____

STAGE 3. Finalising the scope

(to be completed by the Developer, and submitted with the revised scope if this is applicable. Skip this stage if there was no consultation.)

Acute kidney injury: prevention, detection and management NG148

Date of completion:

Focus of guideline or update: the assessment of risk factors for acute kidney injury in adults having iodine-based contrast media

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?

Not applicable. No consultation held

3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?

[Consider each of the four dimensions listed below, and indicate whether any additional issues were identified by a stakeholder or group with lived experience or representing those with lived experience during consultation, and whether any potential solutions/changes were suggested. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.

- 1) Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*
- 2) Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
- 3) Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
- 4) Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

Please note 'none' as appropriate if no further issues were identified]

None

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?

[If yes, explain what the changes are, and how they may impact on potential equality and health inequalities issues identified? If no changes were made to the scope despite equality and health inequalities issues being identified in Stage 2 and/or through consultation, please explain why?]

None

Completed by developer _____ Gill Ritchie _____

Date _____

Approved by committee chair _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

STAGE 4. Development of guideline or topic area for update

(to be completed by the developer before consultation on the draft guideline or update)

Acute kidney injury: prevention, detection and management NG148

Date of completion: 27.6.24

Focus of update: the assessment of risk factors for acute kidney injury in adults having iodine-based contrast media

<p>4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any further potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?</p>
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[Consider each of the dimensions listed below and indicate the main equality and health inequalities issue(s) identified through the evidence syntheses and committee discussions. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.]

- 1) Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*
- 2) Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
- 3) Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
- 4) Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

Please also state if there were any gaps in the evidence for any particular groups within each of the dimensions above which may be important to highlight.

With regards to the committee's considerations of equality and health inequalities issues, please link to where in the evidence reviews these discussions are.]

No further potential issues were identified

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

[Outline where in the guideline or update you have discussed equality and health inequalities issues, specifying the relevant recommendations, rationale and impact sections. Please summarise any draft recommendations that have been designed to address these issues. Please note that equality and health inequalities considerations should be reported in a subsection entitled 'Equality and health inequalities' in the rationale section of the guideline template]

Equality and health inequalities issues were not identified within the evidence or raised in discussion by the committee. The perceived risk from iodinated contrast media preventing access to contrast media CT-scans applies to all people with or at risk of kidney disease.

4.3 Could any draft recommendations potentially increase inequalities?

[For example by making it more difficult for a specific group to access and/or engage with interventions or services compared with other groups? By requiring self-directed action which is more likely to be done by affluent groups. If so, could any changes be made at this stage to ensure that those most disadvantaged are able to benefit?]

None of the draft recommendations potentially increase inequalities.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

[Please provide further information on any draft research recommendations specifically addressing gaps in the evidence that have been identified in sections 2.2, 3.2, 4.1]

No research recommendations have been drafted.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?
<i>[Please detail any discussions with the Public Involvement Programme]</i> There is representation from relevant stakeholders as part of the consultation process.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?
No questions have been identified.

Completed by developer _____ Gill Ritchie _____

Date _____ 27.6.24 _____

Approved by committee chair _____

Date _____

Approved by NICE quality assurance lead _____ Kate Kelley _____

Date _____ 1.8.24 _____

STAGE 5. Revisions and final guideline or update

(to be completed by the developer before guidance executive considers the final guideline or update)

Acute kidney injury: prevention, detection and management NG148

Date of completion: 10.9.24

Focus of update: the assessment of risk factors for acute kidney injury in adults having iodine-based contrast media

5.1 How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?

[Please provide a summary of relevant stakeholders that were invited to respond to the consultation (and the type of organisation, if known), whether they did respond, and the quality of their response]

[Please detail any discussions with the Public Involvement Programme]

324 stakeholders on the stakeholder list for this guideline. 8 responded to the consultation, representing kidney associations, laboratory organisations, NHS England, healthcare service providers and industry.

Quality of responses were generally very good and one additional equality and health inequality issue was raised which led to revisions in the final guideline.

5.2 Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?

[Consider each of the dimensions listed below and indicate whether any additional issues were identified by any stakeholders during consultation, what the issue is, and how the committee has addressed it. Please note that the dimensions often overlap, and the impact of intersectionality and cumulative disadvantage should also be considered and noted.]

- 5) *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*
- 6) *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
- 7) *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
- 8) *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

Please note 'none' as appropriate if no further issues identified]

A general point was raised about the importance of reasonable adjustments and NHS England's Reasonable Adjustment Flag was mentioned.

The importance of ensuring autistic people and people with a learning disability are not deprived of iodine-based investigation because of a lack of trainable adjustments was raised. The existing guideline has been updated to include a link to the NICE guideline on [Decision making and mental capacity](#) which was published after the original acute kidney injury guideline.

5.3 If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?

[For example outline if there are any recommendations that could make it easier or more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers and facilitators with access for the specific group? Are there any recommendations that address quality and experience for particular groups?]

The changes are unlikely to make it easier or more difficult for a specific group to access services.

5.4 Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?

[Outline where in the guideline you have discussed equality and health inequalities issues, specifying the relevant recommendations, rationale and impact sections, and the appropriate sections of the relevant evidence reviews and stakeholder responses. Please summarise any recommendations that have been designed to address these issues. Where no further issues have been identified please note none as appropriate. Please state if the committee has decided they are unable to address these issues and the rationale]

There have been no further issues identified.

5.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update

[Please state whether none, some, or all identified issues were addressed and whether any related research recommendations were made]

The only issue to address was the link to the guideline for [Decision making and mental capacity](#) which has been added to the existing guideline.

In general, there were no other specific equalities issues. The perceived risk from iodinated contrast media preventing access to contrast media CT-scans applies to all people with or at risk of kidney disease.

Completed by developer _____ Carlos Sharpin _____

Date _____ 13 September 2024 _____

Approved by committee chair _____ Caroline Jones _____

Date _____ 13 September 2024 _____

Approved by NICE quality assurance lead _____

Date _____