### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# **EQUALITY IMPACT ASSESSMENT**

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## **NICE** quality standards

# Equality impact assessment

## Chronic kidney disease in adults

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

#### **1. TOPIC ENGAGEMENT STAGE**

1.1 Have any potential equality issues been identified during this stage of the development process? How have they been addressed?

No equality issues have been identified at this stage.

We are aware that the risk of developing chronic kidney disease increases with age. Potential equality issues will be considered with the Quality Standards Advisory Committee as the quality standard is developed.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

This quality standard will cover the assessment for, and management of, chronic kidney disease. This quality standard will cover all populations, subject to the availability of NICE or NICE-accredited source guidance. No populations are excluded from the scope of the quality standard at this stage. It will not cover renal replacement therapy, as this is covered by the <u>renal replacement therapy services for adults</u> quality standard (QS72), or acute kidney injury, as this is covered by the <u>acute kidney injury</u> quality standard (QS76).

Completed by lead technical analyst: STACY WILKINSON

Date: 12/10/2016

Approved by NICE quality assurance lead: NICK BAILLIE

Date: 12/10/2016

#### 2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

No specific equality issues or health inequalities were identified.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

This quality standard will cover the assessment for, and management of, chronic kidney disease in adults (aged 18 and over).

It will not cover renal replacement therapy, as this is covered by the <u>renal replacement</u> <u>therapy services for adults</u> quality standard (QS72), or acute kidney injury, as this is covered by the <u>acute kidney injury</u> quality standard (QS76).

2.3 Do the draft quality statements 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 draft statements do not prevent any specific groups from accessing services.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability? No impact identified at this stage.

2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality? None identified.

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Date: 21/02/2017

Approved by NICE quality assurance lead: NICK BAILLIE

Date: 21/02/2017

#### Post-consultation stage

#### 3. Final quality standard

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

No specific equality issues or health inequalities were identified.

3.2 If the quality statements have changed after the consultation stage, are there any that 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?

There are no statements that make it more difficult for a specific group to access services.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No potential impact has been identified.

3.4 If the quality statements have changed after consultation, 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 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

No barriers were identified.

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Date: 23/06/2017

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Date: 23/06/2017