

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Indicator Equality Impact Assessment

### Topic: Chronic kidney disease

1.1 Have any potential equality issues been identified during the development process?

Prevalence and severity of abnormal kidney function and disease increases among older adults. Over a third of adults aged 75 and over have CKD (stages 3a to 5).

Some calculations used to estimate glomerular filtration rate (eGFR) include an adjustment for adults of African-Caribbean or African family background. NICE's guideline on chronic kidney disease recommends the use of CKD-EPI creatinine equation eGFR without adjustment, as this may be inaccurate for some people. The guideline development committee emphasised the importance of taking an individualised approach when assessing eGFR.

Stakeholders commented on potential equality issues at consultation. They noted that some ethnic groups are less likely to seek help and noted that people from Black and Asian family backgrounds are more likely to have risk factors for CKD such as type 2 diabetes and have more severe kidney disease which progresses more rapidly when compared to other family backgrounds.

Stakeholders also noted potential equality issues associated with having a learning disability such as understanding the need for health checks and access to services, including accessible appointment letters, and adjustments such as combining appointments instead of having multiple appointments for health checks.

Stakeholders highlighted [Kidney Research UK's kidney health inequalities in the UK: reflecting on the past, reducing in the future](#) (2019) which shows health inequalities relating to ethnicity, gender, socioeconomic status and rurality of location.

1.2 Have any population groups, treatments or settings been excluded from coverage by the indicator? Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Any exclusions are justified. These indicators focus on people at risk of CKD or who have CKD. People who have CKD stages 1 and 2 will be excluded from indicators focusing on people with newly diagnosed CKD and the indicator on blood pressure management. The CKD register records people with CKD stages G3a to G5 only. The [Quality and Outcomes Framework guidance for 2021/22](#) notes that people with GFR less than 60 ml/min/1.73m<sup>2</sup> are more likely to have hypertension, diabetes and CVD compared to people with GFR more than 60 ml/min/1.73m<sup>2</sup>. The indicators exclude people under the age of 18 as they will be managed differently and within different services to those aged 18 and over. The CKD register is for people aged 18 and over only.

1.3 Does the indicator 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 indicators do not make it more difficult in practice for a specific group to access services.

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

There is no potential for the indicators to have an adverse impact on people with disabilities.

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