

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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?

- There may be issues in relation to people having difficulty accessing to RRT services in rural areas and areas of social deprivation;
The committee discussed these factors when the confounders for non-observational studies were selected. The committee decided that they were not strong enough predictors of outcome and did not include them in the list of confounders. They were not chosen as subgroups either. With respect to equality of access to 'services' the recommendations on initiating and planning should ensure that fewer people present late to services. The committee highlighted in the committee discussion (see evidence review modalities of RRT) that people should be given a choice of treatments and should be involved in shared-decision making. Recommendations are made on what information should be offered including why treatments may not be suitable for example distance to in-centre dialysis or space to store equipment. T
- Age (in particular older people and infants);
This was a subgroup in all relevant protocols. Evidence was reported for the review on modalities. The committee make a specific recommendation on peritoneal dialysis for children under the age of 2. The recommendation on offering a choice between renal replacement therapy and conservative management contains a footnote on the appropriateness of this recommendation in children and young people. The committee confirmed that the evidence was applicable for all age groups for the remaining recommendations.
- Minority groups particularly people from black and Asian communities;
This was a subgroup in all of the relevant protocols. No evidence was identified and the committee were unable to make specific recommendation

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on this group.

- Social class.

No evidence was identified on people from different social classes (this was not a subgroup but information on this was extracted, if present (no information was found)). The committee highlighted in the committee discussion that people should be given a choice of treatments and should be involved in shared-decision making. Information should be given on why treatments are or are not suitable for example lack of space to store equipment.

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?

No

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

The committee's considerations of equality issues have been discussed within the Committee's discussion of the evidence in the reports listed above.

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 recommendations drafted by the committee do not present any barriers to, or difficulties with, access for any of the groups mentioned for equalities consideration.

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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?

No

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?

No

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