NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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NICE quality standards

Equality impact assessment

Acute kidney injury

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?

Not applicable as this QS update did not have a topic engagement stage.

### 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?

Completed by lead technical analyst:

Date:

Approved by NICE quality assurance lead:

Date:

### 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?

The 2014 acute kidney injury quality standard highlighted that young age, neurological or cognitive impairment or disability may result in limited access to fluids and a risk of dehydration for some people because of their reliance on others to maintain adequate fluid intake. This may include frail older people, people with dementia in care homes and people with physical disabilities. Also, the risk of acute kidney injury might increase for people of Muslim faith during periods of fasting if they have other risk factors (for example, if they are taking diuretics). The draft quality standard highlights that healthcare professionals should be aware of this in statement 1 on raising awareness in people at risk.

It was highlighted that people should be given information that they can easily access and understand themselves, or with support, so they can communicate effectively with healthcare services. Clear language should be used, and the content and delivery of information should be tailored to individual needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations. This has been added as an equality consideration in statements 1 and 6 on raising awareness in people at risk and clinical review after hospital discharge.

A specialist committee member highlighted that acute kidney injury is less likely to be detected in young adults under 30 and some minority ethnic groups. This has been added as an equality consideration to statement 3 so that healthcare professionals are aware that a timely and effective response to AKI warning stage 2 or 3 test results will improve detection in these groups.

### 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?

No population groups, treatments or settings are excluded from the quality standard.

### 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 make it more difficult for specific groups to access 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?

The draft quality statements do not have an adverse impact on people with disabilities.

### 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?

No other issues were highlighted at this stage.

Completed by lead technical analyst: Melanie Carr

Date: 27/9/22

Approved by NICE quality assurance lead: Mark Minchin

Date:19/10/22

### 3. POST CONSULTATION STAGE

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

Stakeholders highlighted that there should be more emphasis on raising awareness of AKI among vulnerable groups including ethnic minorities, socio-economically deprived, people with a learning disability, mental health problem or another disability and their families and carers. The committee considered this and agreed to make it clearer in the equality and diversity consideration for statement 1 that advice on maintaining kidney health should be shared with families and carers where appropriate.

### 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?

Only minor changes have been made to statements following consultation. None of the changes make it more difficult in practice for any specific groups 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?

None of the statements have an adverse impact on people with disabilities.

### 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 significant changes have been made to statements.

Completed by lead technical analyst: Melanie Carr

Date:13/1/23

Approved by NICE quality assurance lead: Mark Minchin

Date: 20/2/23

### 4. After NICE Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No further amendments were agreed by Guidance Executive.

Completed by lead technical analyst: Melanie Carr

Date: 17/3/23

Approved by NICE quality assurance lead: Mark Minchin

Date: 17/3/23

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