

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Scoping

Multiple frequency bioimpedance devices (BCM - Body Composition Monitor, BioScan 920-II, BioScan touch i8, InBody S10 and MultiScan 5000) for fluid management in people with chronic kidney disease having dialysis

The impact on equality has been assessed during this assessment according to the principles of the NICE Equality scheme.

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

During scoping it was identified that the incidence of chronic kidney disease and the need for dialysis increases with age. Also, the incidence of chronic kidney disease is higher in people of south Asian family origin (from India, Bangladesh, Sri Lanka and Pakistan) and people of African or Caribbean family origin. Some people with chronic kidney disease may be protected under the disability provision of the Equality Act 2010. These potential equalities issues are functions of the condition rather than of the use of the technology.

People with extremes of body composition, for example people who are obese, may particularly benefit from the use of bioimpedance devices as it may be more difficult to detect over- or underhydration using clinical assessment. In addition, normal ranges of lean or adipose tissue body composition may differ between ethnicities which may impact on the interpretation of test results in practice, particularly where the tissue and fluid models used in the devices have been validated in non-representative populations

Care may need to be taken in interpreting outputs from bioimpedance devices for measurements made on people with amputations, people for whom recommended electrode configurations cannot be used and people who are unable to assume recommended positioning for measurements to

be made.

Use of bioimpedance devices also may not be possible in people with metal implants, people who are pregnant and people with implanted electronic devices. There can also be potential difficulties in using these devices in children under 2 years because they need to stay still long enough for measurements to be made.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

Differences in prevalence between groups of people are a characteristic of the disease and cannot be addressed within a NICE assessment.

All identified potential equality issues should be considered by the Committee when making decisions.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

People for whom recommended configurations of electrodes cannot be used or who cannot assume recommended positions for measurements to be made, people at extremes of body composition and children younger than 5 years who may need monitoring more frequently and ethnicity have all been included as potential sub-groups.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes to the stakeholder list been made?

No additional stakeholders have been identified.

Approved by Associate Director (name): Carla Deakin

Date: 6th June 2016