NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Guidance development

Point-of-care creatinine tests to assess kidney function before CT imaging with intravenous contrast

Consultation

1.	Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

During scoping it was noted that:

- kidney disease occurs more frequently in men, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin.
- the estimated GFR equation can be adjusted to reflect the race, age and sex of the patient. Estimated GFR should be interpreted with caution in people with extremes of muscle mass, for example, in bodybuilders, people who have had an amputation or people with muscle wasting disorders.
- people who have an ileostomy are at an increased risk of becoming dehydrated and may need special consideration when pre- and post-scan hydration is recommended.

Children were not included in the scope of this assessment because they often have alternative imaging, such as MRI scans, rather than CT scans. In addition, different eGFR equations are used for children and adults, so studies of POC creatinine devices in adult populations may not reflect the performance of these devices in children

2.	Have any other potential equality issues been raised in the diagnostics assessment report, and, if so, how has the committee addressed these?

No other potential equality issues were raised in the diagnostics assessment report.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No other potential equality issues were identified by the committee.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
The POC devices are provisionally recommended for use in people in whom risk factors for acute kidney injury have been identified. Not all risk factor questionnaires used to identify people with risk factors will include questions on age, sex and ethnicity. Therefore, people over 60 years and those of African-Caribbean, African or South-Asian family origin may not be identified as being at higher risk.

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

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

A recommendation 1.2 is included which states: Take age, sex and ethnicity into account when assessing risk of acute kidney injury using a questionnaire-based tool.

7.	Have the committee's considerations of equality issues been described in the diagnostics consultation document, and, if so, where?
The committee noted that men, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin are at higher risk of kidney disease than others. It agreed that the availability of POC devices could have a greater benefit in these groups than for the rest of the population. This is described in section 4.13 of the consultation document. Recommendation 1.2 notes that age, sex and ethnicity should be taken into account when assessing risk of acute kidney injury using a questionnaire-based tool.	

Approved by Associate Director (name): Sarah Byron

Date: 10/9/19

Diagnostics guidance document

1.	Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?
No potential equality issues were raised during the consultation.	

2.	If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

It has been clarified in section 1.1 that the POC creatinine devices are only recommended for use in adults. The scope of the assessment was restricted to adults, however this was not clearly stated in recommendation 1.1 of the consultation document.

3.	If the recommendations have changed after consultation, 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.	

4.	If the recommendations 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 identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?
Not applicable	

5.	Have the Committee's considerations of equality issues been described in the diagnostics guidance document, and, if so, where?
The committee noted that men, people over the age of 60, and those of African-Caribbean, African or South-Asian family origin are at higher risk of kidney disease than others. It agreed that the availability of POC devices could have a greater benefit in these groups than for the rest of the population. This is described in section 4.13 of the guidance document. Recommendation 1.2 notes that age, sex and ethnicity should be taken into account when assessing risk of acute kidney injury using a questionnaire-based tool. Section 2.9 explains that children were not included in the scope of this assessment because they often have alternative imaging, such as MRI scans, rather than CT scans. In addition, different eGFR equations are	

used for children and adults, so studies of POC creatinine devices in adult populations may not reflect the performance of these devices in children.

Approved by Programme Director (name): Mirella Marlow

Date: 10 September 2019