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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Renal Replacement Therapy

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

We have identified the following equality issues during development of the draft scope:

- There are issues in relation to people having access to RRT services in rural areas and areas of social deprivation;
- Age in particular older people and infants;
- Minority groups particularly people from black and Asian communities;
- Social class.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

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The equality issues identified above will be addressed as part of the review of the available evidence, however we do not envisage at this stage that any specific groups, treatments or settings will be excluded.

Completed by Developer: Norma O’Flynn

Date: 22/07/2016

Approved by NICE quality assurance lead: Sharon Summers-Ma

Date: 02/08/2016

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

1. A small number of stakeholders felt that people with learning disabilities were a group for consideration when looking at how people understand their options and make decisions about their care and treatment.
2. In addition one stakeholder highlighted that the issues surrounding accessibility should be expanded to conservative care in addition to RRT.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

1. No changes have been made to the scope as this equalities issue applies to the delivery of all healthcare and is not specific to this guideline. NICE’s standard equalities approach takes account of this group and therefore recommendations will be made in line with the NICE equalities policies.
2. We have amended the following sentence to include conservative care – ‘The

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guideline will look at inequalities relating to access to RRT and “conservative care” in rural areas’.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the ‘information for the public’ recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss
- British Sign Language videos for a population deaf from birth
- ‘Easy read’ versions for people with learning disabilities or cognitive impairment.

No.

Updated by Developer: Sharon Swain

Date: 29/09/2016

Approved by NICE quality assurance lead: Sharon Summers-Ma

Date: 29/09/2019

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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.
- 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 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.

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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.

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

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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

Completed by Developer: Sharon Swain

Date: 21/02/2018

Approved by NICE quality assurance lead: Simon Ellis

Date: 21/02/2018

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Draft recommendation referred to a specific raised BMI for listing for transplantation. Stakeholders commented that a raised BMI should not be the sole reason to stop someone being listed for transplantation. The recommendation has been revised to reflect the stakeholder comments

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

No

4.3 If the recommendations 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?

No

4.4 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 to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

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4.4 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 to services identified in questions 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

No

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

These have been discussed in the committee's discussion of the evidence in evidence report B Modalities and evidence report K information, education and support

Updated by Developer: Sharon Swain

Date: 03/07/2018

Approved by NICE quality assurance lead: Simon Ellis

Date: 18/09/2018