

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE
CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -
RECOMMENDATIONS

Clinical guideline: ACUTE KIDNEY INJURY
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As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation • Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none"> • Socio-economic status <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"> • Other <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> • refugees and asylum seekers • migrant workers • looked-after children • homeless people.

1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
The issue of the elderly was addressed in the scope and was identified further during evidence review. The scope defined older persons as aged 65 years and over. The GDG fully considered this area in its discussions.	The issue has been acknowledged as a GDG consideration in the Linking Evidence to Recommendations (LETR) sections for relevant recommendations. Specific wording has been included in the relevant recommendations for those aged over 65 years as identified in both the evidence and through a process of GDG consensus.
No other equality issues were identified during Scoping.	
Other comments	
There was discussion around the age cut-off for persons regarded as being older (above). Traditionally the cut-off for elderly care services has been regarded as 65 years. With increased life expectancy the age of 65 years is perhaps no longer regarded as 'elderly.' However, there is no agreed more modern cut-off, such as 70 or 75 years. After some discussion, and in the absence of any agreed change in the UK definition, the GDG decided to continue with an arbitrary cut-off of over 65 years. The use of a wider or more inclusive age range obviously is not likely to disadvantage any patients.	

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
The issue of the potential impact of inadequate hydration in people with neurological or cognitive impairment the very young was identified during GDG discussions related to risk	The issue has been acknowledged as a GDG consideration in the Linking Evidence to Recommendations (LETR) sections for relevant recommendations. Specific wording has been included in the relevant recommendations for those with neurological or cognitive impairment or the very young
The issue related to the appropriateness of referral for renal replacement therapy in the care of an acutely ill patient (adult or child) who has significant other comorbidities or is approaching the end of life was considered by the GDG	Specific recommendations have been made in this area and the GDG rationale discussed in the appropriate LETRs
No other equality issues were identified after Scoping.	
Other comments	
None.	

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

The use of early warning scores in both adults and children is based on the measurement of physiological status without the reliance on cognitive or neurological functioning and therefore these tools may be applied equitably.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Not applicable. No groups were identified for this area.

The guideline acknowledges a group of adults, children and young people who are at risk of developing acute kidney injury during a phase of acute illness because they may have limited access to fluids. This is either because of neurological or cognitive impairment which may mean reliance on a carer to provide adequate hydration or where those of a young age are unable to self-hydrate. Recommendations 1.1.1 and 1.1.2 suggest investigating for an AKI where there is evidence of acute illness in a number of specific circumstances. These vulnerable groups are highlighted as potential at risk groups within these recommendations (1.1.1 for adults and 1.1.2 for children and young people).

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

Not applicable. No groups were identified for this area.