

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Renal replacement therapy services

**Output:** Equality analysis form – Meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality 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 is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> 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 (e.g. the North/South divide, urban versus rural).
<b>Marital status (including civil partnership)</b>

**Other categories**

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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

## Quality standards equality analysis

### Stage: Meeting 2

#### Topic: Renal replacement therapy services

**1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

In Quality Statements 1 and 6, significant patient travel problems may arise for people who require frequent travel between their home and the treatment centre. Provision should be available to facilitate access to services for those who may find it difficult to travel long distances due to disability, financial barriers or other characteristics.

Also, in Quality Statement 6, information within education programmes should be provided in an accessible format (particularly for people with physical, sensory or learning disabilities and those who do not speak or read English) and educational materials should be translated where appropriate. The education programme should also be tailored to the needs of the individual and be designed to support patient choice.

**2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, representation was sought from a variety of specialist committee members including consultants in nephrology, a consultant renal physician, a lead pharmacist for renal services, a senior renal nurse, a peritoneal dialysis nurse specialist and lay representation.

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

This quality standard will cover renal replacement therapy services for kidney failure in adults.

There are no other exclusions at this stage in terms of settings and populations.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

In Quality Statements 1 and 6, significant patient travel problems may arise for people who require frequent travel between their home and the treatment centre. Provision should be available to facilitate access to services for those who may find it difficult to travel long distances due to disability, financial barriers or other characteristics.

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

Good communication between healthcare professionals and the adult who is receiving the renal replacement therapy service is essential. Information within the education programme for example should be provided in an accessible format (particularly for people with physical, sensory or learning disabilities and those who do not speak or read English).

It is expected that this quality standard will not limit or restrict access for all relevant groups.