

EQUALITY AND DIVERSITY RAPID IMPACT ASSESSMENT REPORT

The master copy of this report is held by the NHS QIS Equality and Diversity Officer

EQIA SUMMARY

Name of Policy/Function/Product	Diagnosis and management of chronic kidney disease (CKD)		This is a: Product
Owning Unit/Directorate:	SIGN		
Names / job titles of assessors	Lead: Programme Manager 1) Programme Manager 2 2) Equality & Diversity Officer 3) EQIA Facilitator		Date(s) of assessment: Start: 6 November 2007 Finish:
EQIA results	Adverse impacts: No If adverse, indicate level of significance: Low High	Positive impacts: Yes	
Recommended Action	Issue / continue using this Policy/Function/Product: Yes Review date of Policy/Function/Product: 2010 Withdraw the Policy/Function/Product from use: No Revision date of Policy/Function/Product: Undertake a full equality and diversity impact assessment: No FIA planned completion date:		
Agreed by Head of Unit	Name:	Date:	

EQIA SUMMARY

Summary of positive impacts and affected groups

This guideline should have a positive impact on the quality and delivery of health care to those suffering from chronic kidney disease, irrespective of equality and diversity target group.

Summary of adverse impacts and affected groups

None

Summary of consultation undertaken

The full range of health care professionals involved with individuals affected by CKD were represented on the guideline development group, along with organisations representing CKD patients. Further opportunities to comment on the content of the guideline were provided at a national open meeting, through publication of an early draft of the guideline on the SIGN web site, a peer review process that included other patient / carer representatives. No specific consultation was made to equality and diversity groups.

Additional information and evidence required

None

Recommendations

Data on the relationship between equality and diversity target groups and all aspects of incidence and management of CKD should be identified, if possible.

Give reasons to explain why a full EQIA has / has not been recommended

No adverse impacts were anticipated

Completed by Lead Assessor	Name: Moray Nairn	Date: 6/11/2007

If you would like a copy of the impact assessment report or prefer to read the report in an alternative format, please contact the Public Involvement Unit:

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SECTION ONE: AIMS OF THE POLICY/FUNCTION/PRODUCT	
1.1 Is this a new or existing Product?	This is a new product.
1.2 What is the aim or purpose of the Product?	The aim of this guideline is to present evidence based recommendations on the identification of individuals at risk of developing CKD, diagnosis and treatment of disease progression and reduction in cardiovascular risk.
1.3 Who is this Product intended to benefit or affect? In what way? Who are the stakeholders? Who is excluded from the benefits / provisions of the Policy/Function/Product?	<p>The guideline is intended to inform healthcare professionals across Scotland involved in the detection and management of patients with CKD.</p> <p>All of the above, plus service planners, have a stake in this guideline.</p> <p>Young people under the age of 18 years, those with end stage renal disease and those with acute renal disease are excluded from this guideline. People in these group are managed differently.</p>
1.4 How have these people been involved in the development of this Product?	Guideline was produced by a multidisciplinary team including representation from all professional groups with an interest in this condition, as well as patients and carers. There was a period of open consultation during development of the guideline, as well as review by invited peer reviewers. No quality and diversity target groups were involved in the production of the product.
1.5 What outcomes are intended from this Product?	To reduce variations in practice and ensure equal access to optimum treatment for all patients treated for this condition across Scotland.
1.6 What resource implications are linked to this Product?	None.
1.7 What research or consultation has been done?	<p>A wide range of organisations involved in the delivery of health care (both as providers and users) for individuals with CKD were consulted before establishing the remit of the guideline. A literature review was carried out and evidence summarised. The search did not seek to answer any specific questions, it sought to capture what was published relating to general concerns of patients.</p> <p>The following key issues for patients, their families, and carers were identified from this review: Education and Information Needs, Family Issues, Gender-Specific Issues, Patient Attitudes and Concerns, Patient Compliance, Patient Decision Making, Practitioner-Patient Relations, Psychological and Social Issues, Quality of Health Care, Quality of Life, Racial and Ethnic Differences.</p> <p>Lay representatives participated in the peer review process.</p>

1.8	What stage is the Policy/Function/Product at? Ready for publication
1.9	What is the target date for completion? December 2007

SECTION TWO: EXAMINATION OF AVAILABLE DATA

Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

2.1 Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

The Renal Association were approached as part of the proposal generation.

The following organisations were approached before starting the guideline: British Kidney Patient Association, National Kidney Federation, The National Kidney Research Fund In Scotland, The Renal Association, Stobhill Kidney Patients Association, Tayside Kidney Patients Association, Highlands And Islands Kidney Patients Association. Only the British Kidney Patient Association responded. Equality and diversity groups were not specifically consulted.

2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

No internal information was available prior to commencing work on this guideline.

2.3 What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

Recognised risk factors include diabetes and smoking. There is evidence that socioeconomic deprivation is associated with a risk for the development of CKD. There is no information on the risks of disease associated with other equality and diversity target groups

2.4 What gaps in knowledge are there?

No evidence was identified to relate risk of developing CKD to any of the equality and diversity target groups living in Scotland.

2.5 Describe any actual or potential difficulties of accessing or complying with the Product.

The guideline will be distributed to all NHS boards and organisations with an interest in this topic in Scotland. It will also be published on the SIGN web site for free download. Implementation / compliance with the guideline is an issue for individual Health Boards.

SECTION THREE: IMPACT ASSESSMENT

- 3 Complete the following table, giving reasons or comments where:
- a) The Policy/Function/Product could have a positive impact by contributing to the general duty by –
- eliminating unlawful discrimination
 - promoting equal opportunities
 - promoting relations within the equality group
 - taking account of disabilities
- b) The Policy/Function/Product could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
Male / female		√				• Will have a positive impact on patients with early stages of CKD.
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers		√				• Will have a positive impact on patients with early stages of CKD.
Religious or faith groups		√				• Will have a positive impact on patients with early stages of CKD.
Children & young people						• This group is not included in the remit of this guideline.
Older people		√				• Will have a positive impact on patients with early stages of CKD.
People with disabilities (physical or learning)		√				• Will have a positive impact on patients with early stages of CKD.
Lesbians		√				• Will have a positive impact on patients with early stages of CKD.
Gay men		√				• Will have a positive impact on patients with early stages of CKD..
Bisexuals		√				• Will have a positive impact on patients with early stages of CKD.
Transgender/transsexual		√				• Will have a positive impact on patients with early stages of CKD.
Cross-cutting issues:						
Homeless people		√				• Will have a positive impact on patients with early stages of CKD.
People with mental health issues		√				• Will have a positive impact on patients with early stages of CKD.
Offenders		√				• Will have a positive impact on patients with early stages of CKD.
People in poverty		√				• Will have a positive impact on patients with early stages of CKD.
Married and unmarried people		√				• Will have a positive impact on patients with early stages of CKD.
People with language or social origin issues		√				• Will have a positive impact on patients with early stages of CKD.

SECTION FOUR: IMPACT ASSESSMENT SIGN-OFF		
4.1	Have any adverse impacts been identified on any equality groups which are both highly significant and illegal?	No
4.2	Has a full equality and diversity impact assessment been recommended?	No
4.3	Are you satisfied that the conclusions of the impact assessment are accurate and correct?	Yes
Agreed by Head of Unit	Name: Sara Twaddle	Date: 03 December 2007
QA Approved	Name: Jeniffer Kibagendi, Equality and Diversity Officer	Date: 27 November 2007

SECTION FIVE: NOTES FOR POLICY/FUNCTION/PRODUCT REVIEW	
Issue	Note actions which could: <ul style="list-style-type: none">• minimise or remove any adverse impacts• increase the positive impacts
5.1	
5.2	
5.3	
5.4	
5.5	