GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: SCOPING

Guideline title: Diabetes in children and young people

1. Have relevant equality issues been identified during scoping?

- Please state briefly any relevant issues identified and the plans to tackle them during development
- For example
 - o if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - o If a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

It was agreed that for some questions in the guideline, there might be times when different recommendations would need to be made for children and young people from the following specific sub groups:

- children and young people with an ethnicity associated with a high prevalence of diabetes
- disabilities (including learning disabilities)
- co-morbidities (medical or psychiatric conditions)
- poor educational achievement.

The recommendations will be intended to apply to all groups equally. However, if during development it becomes apparent that specific recommendations might be required for certain groups, subgroup analysis of the evidence will be undertaken where possible (for example, with respect to culture-or language-specific diabetes education programmes).

Where additional reviewing is not possible the guideline development group (GDG) will be asked to discuss the evidence and use their own experience and expert judgement in making specific recommendations for that group as necessary.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings) are these justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

The guideline is for children and young people with type 1 or type 2 diabetes, The exclusions relate to:

- young women with diabetes who wish to conceive or who are pregnant (their care will be different and will be covered by the Diabetes in pregnancy guideline update)
- children and young people with other forms of diabetes (for example, monogenic diabetes and cystic fibrosis related diabetes) as these are rarer forms of diabetes.

3. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or promoting equality been considered in the final draft?

Stakeholder groups were consulted during the preparation of the draft scope for consultation (via a stakeholder scoping workshop) and again through consultation on the draft scope. One stakeholder comment on the draft scope for consultation highlighted potential barriers to uptake in diabetes services amongst deaf people. The scoping group responded to their comments noting that as part of the NICE clinical guideline development process, the GDG will be required to consider such issues in the context of each and every recommendation proposed for inclusion in the guideline update. This will take the form of a systematic consideration of the needs and preferences of groups that are protected by law (including people with disabilities such as deafness) to promote equalities and prevent unlawful discrimination. In terms of agreeing clinical areas to be included in, or excluded from, the scope, however, the scoping group concluded that the issues raised by the stakeholder were not specific to diabetes care, although they were presented as examples of unsatisfactory care in this context. The guideline developers did not, therefore, made specific changes to the guideline scope in response to these comments but they undertook to continue to adhere to the principles outlined above throughout development and publication of the guideline. The developers will also inform the implementation team at NICE about these comments to facilitate improvements to services at the implementation stage.

Stakeholders also noted that type 2 diabetes in children and young people is most likely to occur in those from ethnic minority communities. The comment referred to the epidemiology section of the draft scope and the relevant paragraph of the scope has been updated to reflect the comment. The scoping group had recognised during drafting of the scope that there might be a need for different recommendations to be made for children and young people from ethnic minority backgrounds and this consideration is reflected in box 1 above.

Other stakeholder groups noted the relevance of religious beliefs and disabilities (such as deafness and learning disabilities) in diabetes care for children and young people. These characteristics were added to the list of groups for whom different recommendations might need to be made (see box 1 above).