NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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NICE quality standards

Equality impact assessment

Type 1 diabetes in adults

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

It is noted that older adults (aged 65 and above as a proxy for frailty), people with frailty and people with physical disability, mental-health related or learning disability may require assistance from district nurses or a carer to administer injections.

People using continuous glucose monitoring (CGM) with language difficulties or learning disabilities may need support from their diabetes care team.

People from lower socio-economic groups may experience difficulties in using CGM if their device requires access to particular higher cost technologies (such as a smartphone, computer for sharing readings with their health care professional and up to date phone software).

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Children and young people with type 1 diabetes and Pregnant women with type 1 diabetes are not included in the scope of this quality standard as there are separate quality standards focussed on the treatment and care they should receive. These quality standards are [Diabetes in children and young people](https://www.nice.org.uk/guidance/qs125) (QS125) and [Diabetes in Pregnancy](https://www.nice.org.uk/guidance/qs109) (QS109).

Completed by lead technical analyst: Eileen Taylor

Date: 10/05/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 17/05/2022

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The QSAC raised concerns that adults with type 1 diabetes living in deprived areas are less likely to use CGM. This is also the case for Black and Asian adults. The quality standard therefore highlights the importance of services working closely with these groups to ensure that they are aware of the benefits of CGM and that they can access it and any additional equipment if they want to use it. Adults from lower socioeconomic groups may experience difficulties in accessing healthcare. They may also have difficulties using CGM if their device needs access to higher cost technologies.

The quality standard notes that commissioners, providers and healthcare professionals should address inequalities in CGM access and uptake by monitoring who is using CGM, identifying groups who are eligible but who have a lower uptake and by making plans to engage with these groups to encourage them to consider CGM.

The quality standard highlights that certain groups such as older adults, people with frailty and people with physical disability, mental health related or learning disability may require assistance from district nurses or a carer and therefore may need support in using their CGM device.

The quality standard also notes that adults with type 1 diabetes living in deprived areas, and some Black and Asian adults, are less likely to access foot protection and primary care services. It is therefore important for the services to work closely with these groups to ensure that they are aware of the need to access foot protection or multidisciplinary diabetes foot services to maintain their foot health and if they develop a foot problem.

Adults with type 1 diabetes and physical disability, mental health related or learning disability may require assistance in accessing foot protection or multidisciplinary diabetes foot services in a timely manner and should be given assistance and their access issues identified and monitored.

Statins are contraindicated in women able to have children and not using reliable contraception, pregnant women and women that are breastfeeding. They should be discontinued 3 months before attempting to conceive. The quality standard notes that healthcare professionals should take this into account when considering whether to prescribe statins and explain this to women who are prescribed them.

The quality standard notes that structured education programmes should meet the cultural, linguistic, cognitive and literacy needs in the local area. Information 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 if needed. In addition, it is noted that education programmes should be available in a format suitable for the person, such as in-person or online, and at times suitable for them, including outside standard working hours.

It notes that adults with type 1 diabetes with communication difficulties may find it hard to express their needs to ward staff or to explain that they are able to self-care for their diabetes needs. It is therefore important that ward staff ensure that adults with communication difficulties are helped and supported to express and communicate their preferences and needs. Adults with type 1 diabetes who have a physical, mental health or learning disability may require extra assistance in maintaining management of their blood glucose while they are an inpatient. Ward staff and the multidisciplinary team should ensure that they offer additional assistance to these people.

The quality standard also highlights that adults with type 1 diabetes should be provided with information about CGM that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with type 1 diabetes and additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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?

As noted above, statins are contraindicated in women able to have children and not using reliable contraception, pregnant women and women that are breastfeeding. Quality statement 4 notes that healthcare professionals should take this into account when considering whether to prescribe statins and explain this to women who are prescribed them.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No adverse impacts have been identified at this stage.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

No additional explanations have been identified at this stage.

Completed by lead technical analyst: Eileen Taylor

Date: 08/08/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 14/09/2022

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Statement 1 has been updated to include confirmation that structured education programmes should be adapted to ensure they are accessible to adults with type 1 diabetes and a learning disability, such as accommodating views of those with a learning disability, short sessions and the programme rolled out over longer periods in community settings. It also notes that group education programmes are the preferred option, but an alternative of equal standard should be provided for adults who are unable or prefer not to take part in group education.

Statement 2 notes that providers and healthcare professionals should address inequalities in CGM access and uptake by monitoring who is using it, identifying groups who are eligible but have lower uptake and making plans to engage with and encourage these groups to consider CGM. [Data](Glucose%20control,%20structured%20education,%20continuous%20glucose%20monitoring%20and%20insulin%20regimen%20-%20NDRS%20(digital.nhs.uk)) suggests adults with type 1 diabetes from lower socioeconomic groups are less likely to use CGM.

Statement 4 on key care processes notes that appointments for completion of key care processes should be offered at times, and in locations, that meet the needs of adults with type 1 diabetes. Appointments should be accessible to adults who do not speak or read English, and should be culturally appropriate and age appropriate. Adults should have access to an interpreter or advocate if needed.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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 statements make it difficult for a specific group to access services compared with other groups.

### 3.3 If the quality statements 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 adverse impacts have been identified.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

No additional recommendations or explanations have been identified at this stage.

Completed by lead technical analyst: Eileen Taylor

Date: 09/12/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 04/01/2023

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

None made.

Completed by lead technical analyst: Eileen Taylor

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