

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Diabetic Retinopathy

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

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? No

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.) Not applicable

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

- Age
- Disability

People with learning disabilities - Type 1 and Type 2 diabetes are more common in people with learning disabilities, this group is likely to have more difficulty managing their diabetes. Reports suggest they are 10 times more likely to experience serious sight loss than other people in the general population. There are possible barriers that may affect those with learning disabilities such as a general lack of awareness of the importance of eye screening, problems understanding and processing instructions, fear that the procedures will hurt, memory of previous poor experiences and needing to interact with strangers.

<ul style="list-style-type: none"> • Gender reassignment <p>No issues identified.</p> <ul style="list-style-type: none"> • Pregnancy and maternity <p>Pregnancy is a major risk factor for the progression of retinopathy and is associated with increased prevalence and severity of retinopathy compared to non-pregnant diabetic women. Women with type I diabetes are particularly vulnerable to ocular changes during pregnancy.</p> <ul style="list-style-type: none"> • Race/ Ethnicity <p>Ethnicity is considered a complex risk factor of diabetes. Type 2 diabetes is estimated to be three to four times more common in people of Asian and African–Caribbean origin compared to white Europeans. A UK study found that minority ethnic groups (both South Asians and African/Afro-Caribbeans) had increased odds of having retinopathy compared to their white counterparts.</p> <ul style="list-style-type: none"> • Religion or belief <p>No issues identified.</p> <ul style="list-style-type: none"> • Sex <p>The stakeholders emphasised that diabetic retinopathy outcomes are worse in white males who are socio-economically deprived.</p> <ul style="list-style-type: none"> • Sexual orientation <p>No issues identified.</p> <ul style="list-style-type: none"> • Socio-economic factors <p>People from lower socio-economic backgrounds tend to have worse diabetic retinopathy outcomes.</p> <p>Other definable characteristics:</p> <ul style="list-style-type: none"> • The stakeholders also identified a small number of patients who have progressing diabetic retinopathy following renal and pancreatic transplant. This may be attributed to patients not realising they still need diabetic retinopathy treatment even though management of their diabetes has changed as they no longer need insulin injections.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- The groups identified as having potential equality issues will be considered during guideline development as they may be at higher risk of poorer retinopathy outcomes and may need specific recommendations developed for them.
- The guideline will not cover diabetic eye screening because this is covered by the NHS Diabetic Eye Screening Programme.
- Following the scoping workshop, no groups relating to equalities issues were identified for exclusion.

Completed by Developer: Robby Richey/Jean Masanyero-Bennie

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Approved by NICE quality assurance lead: Christine Carson

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