NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Diabetic Retinopathy: Management and monitoring

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
The uptake of the national Diabetic Eye Screening Programme, and therefore the detection of diabetic retinopathy, is subject to significant variation with likely inequalities. Although this is outside the scope of this guideline, it will have an impact on the population to which this guideline is applied in practice. The potential equality issues noted below relate to the recommendations contained within the draft guideline. **Disability** People with learning disabilities • In the section on systemic treatments, the committee included a recommendation which highlights the importance of clinicians emphasising the benefits of good long-term control and management of their diabetes. This applies to all people and should help people to understand how good diabetes management can have a wider impact on a person's health, including in relation to diabetic retinopathy and vision loss. • The sections on treatments for people with proliferative diabetic retinopathy and diabetic macular oedema both have recommendations for clinicians to discuss the benefits and side effects of each treatment option. This means that the most appropriate treatment option should be chosen based on people's specific needs. **Pregnancy and maternity**

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

- A link to the NICE guideline on diabetes in pregnancy was included in the recommendations on monitoring frequencies for non-proliferative diabetic retinopathy and for proliferative diabetic retinopathy. This guideline highlights the need for more frequent monitoring of diabetic retinopathy when people are pregnant, which may reduce the consequences from any additional ocular changes that happen during pregnancy.

Race/Ethnicity

- The committee discussed how, as well as having increased odds of having retinopathy, people of South Asian and Afro-Caribbean descent may currently have more limited access to some treatments than other people. The NICE technology appraisals for the use of anti-VEGFs (ranibizumab, aflibercept, Faricimab and brolucizumab for diabetic macular oedema) recommend their use for people with central retinal thickness greater than 400 micrometres. However, people of South Asian and Afro-Caribbean descent tend to have thinner retinas than other people, meaning they have to wait longer until they can be offered this treatment. This can lead to progression of their macular oedema and associated complications, such as central vision loss.

- Based on the clinical and cost-effectiveness evidence, the committee recommended that anti-VEGFs are considered for people who have diabetic macular oedema, poor vision and central retinal thickness less than 400 micrometres. . This should improve access to treatments and improve outcomes for these groups.

- A research recommendation has been made specifically to establish the most effective treatments for people with thinner retinas.

Sex and socio-economic factors

- In the section on treatments for people with proliferative diabetic retinopathy, the committee recommended that people who have difficulty attending appointments are offered panretinal photocoagulation on the same day. In the section on treatments for people with diabetic macular oedema, the committee recommended that people can be offered an intravitreal dexamethasone implant (which requires fewer appointments) if they do not wish to continue with regular anti-VEGF injections. This will help people who are from lower socio-economic backgrounds and may have factors, such as jobs with zero hours contracts, that mean they cannot easily attend additional

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appointments. • The committee also considered the costs associated with regular visits to the hospital and discussed how people who are from lower socio-economic backgrounds may be disadvantaged by this. **Other definable characteristics** The scope identified that people who have diabetic retinopathy following renal and pancreatic transplant may progress because they do not realise they still need diabetic retinopathy treatment after they no longer need insulin injections. • In the section on the effects of rapid blood glucose reduction, there is a recommendation that clinicians who are responsible for starting a treatment that will rapidly lower someone's blood glucose should notify the person's ophthalmologist. This means the person can have an early ophthalmic review and would provide an opportunity for the ophthalmologist to inform them about the importance of continuing with their retinopathy monitoring appointments. This group included in this recommendation will include people who are having a renal or pancreatic transplant.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
Pregnancy and maternity • The committee were aware that anti-VEGFs are contraindicated when pregnant and this was highlighted in the rationale of the guideline. A recommendation was included in the section on treatment strategies for diabetic macular oedema that highlighted that people should be offered steroid treatment if they cannot have non-corticosteroid therapy. This ensures that people who are pregnant can still be offered treatment for macular oedema, and will not be at risk of experiencing the risks associated with progression while they are unable to have anti-VEGF treatment. **Sex**

- In addition to people of South Asian and Afro-Caribbean descent, the committee highlighted that some women have thinner retinas and may therefore take longer to reach the 400 microns threshold for anti-VEGF treatment than other people. As stated in section 3.1 above, the committee recommended that people who have diabetic macular oedema and poor vision are offered anti-VEGFs regardless of central retinal thickness. This should improve access to treatments and improve outcomes for these groups. A recommendation was also included to highlight that some women may have thinner retinas.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
The committee's considerations of equality issues have been described in the rationale sections of the guideline and in the committee's discussion of the evidence in the evidence reviews.

3.4 Do the preliminary recommendations 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?
The uptake of the national Diabetic Eye Screening Programme, and therefore the detection of diabetic retinopathy, is subject to significant variation with likely inequalities that will have an impact on the population to which this guideline is applied in practice. However, the recommendations within this guideline are not expected to make it more difficult for any specific group to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

These recommendations are not expected to make it more difficult for any specific group to access services.

3.6 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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?
These recommendations are not expected to introduce any barriers to accessing services.

Completed by Developer: Clare Dadswell, Senior Technical Adviser, GDT-B

Date: 07/07/2023

Approved by NICE quality assurance lead: Christine Carson

Date: 11/08/2023