NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality and health inequalities assessment (EHIA)

Contents

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NICE guidelines

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The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to:

Type 2 diabetes in adults: Management – Medicines update

STAGE 2. Informing the scope

Type 2 diabetes in adults: Management

Date of completion: 21/09/22

Focus of guideline or update: Medicines

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted 'not applicable'.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?
A range of approaches were used to understand equalities and health inequalities issues relevant to the update. These included: • collating the equalities issues raised in previous scopes for the topic • a health inequalities briefing produced from a literature review of the current evidence, and • views of committee members including a lay member with lived experience of type 2 diabetes. Specific questions were included at the stakeholder workshop where there was representation from a range of organisations including those representing people with lived experience.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?
1. *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)* **Age -** people with young onset diabetes (aged under 40 years) and those diagnosed for the first time when aged 80 or older were raised as specific groups to consider as treatments may have different risk / benefit profiles. **Disability** – People with a learning disability are more likely to have diabetes, and at a younger age, than the general population. This is most likely due to the higher

prevalence of obesity and physical inactivity in this cohort which are largely driven by social factors. People with severe mental illness were raised as a group where it is known that adherence to medicines is particularly low. This was also thought to be true of people with learning disabilities. Furthermore some medicines used for severe mental illnesses (antipsychotics) can lead to weight gain and increase risk of diabetes. Depression was also noted to be prevalent in people with type 2 diabetes.
Pregnancy and maternity – this group isn't covered by the guideline as there is a separate guideline on this topic.

Race – Black and Asian populations have higher prevalence of type 2 diabetes compared to White populations. However, recording of ethnicity is poor across the healthcare system, without which the true extent of variation by ethnicity is difficult to know. It has been suggested that more data is emerging suggesting people in different ethnic groups may respond to treatments differently. For example it was noted that young South Asian patients tend to have lower BMI, but tend to be more beta-cell deficient. Beta-cell deficiency or insulin resistance may be different between phenotypes.

2. *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
   Type 2 diabetes prevalence follows a strong socioeconomic gradient which suggests increasing need for early identification and targeted prevention in more deprived areas where the burden of diabetes is greatest.

3. *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
   Issues overlapped with the socio-economic factors described above.

4. *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

   Studies have shown very high rates of type 2 diabetes in Gypsy, Roma and Traveller communities although there is limited data available for this vulnerable population.

   People in contact with the criminal justice system are at high risk for diabetes and a key target group for prevention.

1

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

A previous version of the equalities impact assessment form was utilised at this stage of the guideline where a different level of detail was required. Information completed for consultation was as follows:

It is unclear whether people of different ages, or ethnicities would indicate a different response to medicines, and therefore this will be considered in the updated evidence review questions in the guideline to determine whether different recommendations are required for these groups.

It is considered likely that different considerations may be required for use of medicines in people with severe mental illness, a learning disability or cognitive impairment (for example those with dementia) and therefore separate recommendations may be required depending on whether some medicines may be more appropriate or easier to take. These groups will therefore be considered in the updated evidence review questions.

Issues relating to the higher prevalence of type 2 diabetes in those in lower socioeconomic groups, Gypsy, Roma and Traveller communities and those in the criminal justice system are not expected to relate to a different response to medicines and therefore will not be included as subgroups in the review questions.

1

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?
There were 685 registered stakeholder organisations at the time of the scope consultation with a very broad representation from a range of organisations including those representing people with lived experience.

2

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

The core committee membership is proposed to include 2 people with lived experience. One member is already in post and a second will be advertised for during the scope consultation process. If when reviewing the available evidence, it is agreed that evidence is lacking in a particular group highlighted in the scope, and expert consensus opinion from the multidisciplinary committee is not sufficient to inform recommendations or research recommendations, other methods to inform recommendations may be considered as appropriate.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
Not applicable

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
Children and pregnant women are excluded as there are separate NICE guidelines for these populations: Diabetes (type 1 and 2) in children and young people: https://www.nice.org.uk/guidance/ng18 and Diabetes in pregnancy: https://www.nice.org.uk/guidance/ng3

Completed by developer ____

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Date___21/9/22_____

Approved by committee chair _____Simon Mackenzie_____

Date ___20/2/23_____

Approved by NICE quality assurance lead _____

Date_____

STAGE 3. Finalising the scope

(to be completed by the Developer, and submitted with the revised scope if this is applicable. Skip this stage if there was no consultation.)

Type 2 diabetes in adults: Management

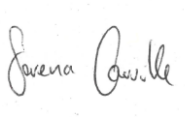
Date of completion: 19/12/22

Focus of guideline or update: Medicines

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?
Comments on the draft scope were received from 23 stakeholder groups representing a range of organisations including national healthcare organisations, royal colleges, pharmaceutical companies, academic institutions, charities, patient groups and specialist societies.

3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?
1) Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation) - None. *2) Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income) - None.* *3) Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south) - None.* *4) Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking) - None.*

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?
No changes to the scope were made in relation to equality and health inequalities issues.

Completed by developer  _____

Date____19/12/22_____

Approved by committee chair _____Simon Mackenzie_____

Date
_____20/2/23_____

Approved by NICE quality assurance lead _____

Date_____

STAGE 4. Development of guideline or topic area for update

(to be completed by the developer before consultation on the draft guideline or update)

Type 2 diabetes in adults: Management

Date of completion: 29/11/2024

Focus of guideline or update: Medicines

4.1	From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

1) Protected characteristics

a. Age

The committee discussed that people with early onset type 2 diabetes (under the age of 40 years) have a high lifetime risk of cardiovascular events. Taking into account the evidence of cardiovascular protective effects of the GLP-1 receptor agonists, the committee made a dual therapy recommendation of SGLT-2 inhibitor and metformin with the option to consider a GLP-1 receptor agonist to reach their glycaemic targets for people with early onset diabetes.

The committee were presented with real world evidence that showed that SGLT-2 inhibitors are under-prescribed, particularly to women and older people, and to people from some ethnic backgrounds and with higher levels of deprivation when sex and age are accounted for. They agreed that further research was needed to understand the reasons behind this, and they made a research recommendation on improving access to SGLT-2 inhibitors.

b. Disability

The committee acknowledged that modified-release metformin formulation may not be suitable for people who have swallowing difficulties or learning disabilities as modified release formulations cannot be crushed. This was raised in the recommendation when considering adherence for choice of metformin formulation and discussed as a part of the rationale and impact for this section.

This is also likely to be a barrier for people with severe mental illness, people with learning disabilities and people with dementia who may find it difficult to manage their treatment regimen, schedule appointments and attend appointments. Further support is required to ensure that the correct care is provided to people from these groups to ensure that their holistic needs are considered. The recommendations put in extra points to

involve everyone in decision making, while providing links to guidance on patient experience.

The committee highlighted that having the time to organise treatment options may be particularly difficult for people dependent on their accessibility requirements. People who are currently working may find it hard to manage the different appointments they need to initiate multiple treatments when some of these are to prevent complications that they are not currently having. Furthermore, people who find it difficult to use the technology that services are currently implementing more regularly (such as online booking systems) may put people who find it difficult to access technology at a disadvantage (dependent on their level of digital literacy). The committee discussed this and while no specific recommendations was included for this it was acknowledged for the role in plays in accessing treatment and that this could be a factor relevant for the research recommendation that was made looking at access to SGLT-2 inhibitors.

c. Gender reassignment

The committee discussed gender and the effects of gender reassignment on the management of type 2 diabetes. Studies included in the review did not report whether trans people were included.

The committee were presented evidence by an expert witness from the Trans Gap project evidence group that provided information from small observational studies detailing how QRISK and eGFR can change when people take hormone replacement therapy. The evidence suggested that after 3 months of hormone replacement therapy, trans people may have similar values of eGFR to cisgender people. However, there was more evidence for trans men than for trans women, leading to more certainty in this group. Findings on QRISK highlighted disparities in the trans population in cardiovascular risk factors that note that both trans men and women would have heightened cardiovascular risk. There was no evidence for non-binary people.

The committee agreed that there was very limited evidence in the population and that the evidence was not specific to a population with type 2 diabetes. Given this they concluded that they would not make a recommendation at this time and that more evidence was required that was specific to this population before they would consider this. In addition, although defining the population of people at high cardiovascular risk is of relevance to this guideline and may affect the treatment that would be available, the committee agreed that the assessment of risk using QRISK and how this should be adjusted in different populations was outside the scope of this guideline. They acknowledged that gender specialists can provide guidance about treatment if there are specific concerns about the overlap of hormone replacement therapy and medication for type 2 diabetes. They agreed that further inclusion of gender diverse people in research would be valuable to ensure that treatments are effective for everyone.

d. Pregnancy and maternity

The committee considered the potential risks of taking SGLT-2 inhibitors and GLP-1 receptor agonists during pregnancy. The committee acknowledged that there is some evidence to indicate that GLP-1 receptor agonists and SGLT-2 inhibitors may be associated with effects on embryonic development and that both have cautions in the BNF. Given this, the committee discussed the potential implications of wider prescribing for people of childbearing potential. The committee highlighted that weight reduction can result in increased fertility, meaning that people who previously thought that they were unable to get pregnant, can become pregnant after starting treatment. The committee stressed the importance of clinicians discussing the need for robust contraception with women, trans men and non-binary people who can become pregnant while receiving these treatments.

e. Race

Further to the equality and health inequalities issues identified during scoping, the committee highlighted that some ethnic groups experience difficulties in accessing services. Furthermore the cultural beliefs of these groups can also have a negative impact on adherence to drug treatments.

The committee were presented with real world evidence that showed that SGLT-2 inhibitors are under-prescribed, particularly to women and older people, and to people from some ethnic backgrounds and with higher levels of deprivation when sex and age are accounted for. They agreed that further research was needed to understand the reasons behind this, and they made a research recommendation on improving access to SGLT-2 inhibitors.

The committee noted how people from Black African, African Caribbean and South Asian family backgrounds are at a higher risk of developing type 2 diabetes from a younger age, and this may intersect with people finding it hard to manage work requirements alongside starting more rigorous therapy requirements.

f. Religion or belief

No further potential issues were identified.

g. Sex

The committee were presented with real world evidence that showed that SGLT-2 inhibitors are under-prescribed, particularly to women and older people, and to people from some ethnic backgrounds and with higher levels of deprivation when sex and age are accounted for. They agreed that further research was needed to understand the reasons behind this, and they made a research recommendation on improving access to SGLT-2 inhibitors.

h. Sexual orientation

No further potential issues were identified.

i. Marriage/civil partnership

No further potential issues were identified.

2) Socioeconomic status and deprivation

The committee considered real-world evidence based on prescribing data which showed the uptake of SGLT-2 inhibitors to be low for those people with type 2 diabetes recommended for use. Those people ranked in the most deprived group were most affected, particularly when stratified by age and sex. Based on this evidence the committee made a research recommendation to address the low prescribing rates by identifying barriers to individuals receiving SGLT-2 inhibitors and determine the most effective way to increase their uptake.

3) Geographical area variation

The committee noted the importance of equity and equality in relation to having access to dual or triple therapy treatment. They noted that there are significant barriers to people accessing healthcare services on a regular basis and being able to have appointments. There appears to be regional variation in availability of GP services for appointments which may affect how easy it is to start dual or triple therapy by the regimen suggested in the guideline, where therapy should be added in a stepwise manner. This issue will be raised with the NICE Implementation team to inform future activity.

4) Inclusion health and vulnerable groups

The committee highlighted that having the time to organise treatment options may be particularly difficult for people dependent on their accessibility requirements. People who are currently working may find it hard to manage the different appointments they need to initiate multiple treatments when some of these are to prevent complications that they are not currently having. Furthermore people who find it difficult to use the technology that services are currently implementing more regularly (such as online booking systems) may put people who find it difficult to access technology at a disadvantage (dependent on their level of digital literacy).

The committee discussed access to diabetes treatment and highlighted factors such as cultural values, societal stigma, certain beliefs and fear about side effects arising when discussing treatments with friends being contributing factors for deterring patients from treatment. Additionally, the committee acknowledged the burden of societal stigma associated with type 2 diabetes and potential assumptions made by the general population around the type 2 diabetes being solely a results of lifestyle choices resulting in feelings of shame, and therefore the importance of non-judgemental language used

during appointments. These issues were discussed in the committee discussion of the evidence where the committee noted that further support is required to ensure that the correct care is provided to people from these groups to ensure that their holistic needs are considered. These issues will be also raised with the NICE Implementation team to inform future activity.

4.2	How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The committee made the following considerations of equality and health inequalities issues:

- A dual therapy recommendation of SGLT-2 inhibitor and metformin with the option to consider a GLP-1 receptor agonist to reach their glycaemic targets for people with early onset diabetes. . People with early onset type 2 diabetes (are an underserved group that represent a health inequality in the greater diabetes population.
- A research recommendation was made to improve understanding of treatments for people with early onset type 2 diabetes. This is to understand the clinical and cost effectiveness of GLP-1 receptor agonists with SGLT-2 inhibitor compared to SGLT-2 inhibitors alone and to placebo alone. This will also help address the known clinical evidence gap for early onset type 2 diabetes.
- A research recommendation on improving access to SGLT-2 inhibitors was made. This is to understand why SGLT-2 inhibitors are under-prescribed to women and older people, and to people from some ethnic backgrounds and with higher levels of deprivation. Further research will identify barriers and improve access and increase uptake of these medicines.
- In the committee discussion of the evidence, it was noted that modified-release metformin would not be suitable for people with swallowing difficulties who need medication to be crushed. Standard-release metformin is a better option in this scenario.
- Wording has been added to the guideline advising against the use of SGLT-2 inhibitors or GLP-1 receptor agonists in pregnancy or in women and trans (including non-binary) people of childbearing potential not using contraception.
- A recommendation has been added on the use of non-judgmental language in all medicine discussions.
- Cross references to the overweight and obesity management guideline recommendations have been added to acknowledge the wider determinants and context of overweight and obesity. To ensure that discussions are conducted in a sensitive, non-judgemental and person-centred manner and on the use of non-stigmatising language.
- Difficulties with accessibility to treatment options and services, use of technology due to digital literacy and geographical area variation will be raised with the NICE Implementation team to inform future activity.

1

4.3 Could any draft recommendations potentially increase inequalities?

This was discussed by the committee who agreed that the draft recommendations would not increase inequalities. Many of the draft recommendations will broaden access to treatment medications. The guideline update aims to address the known inequality disparity in the prevalence of type 2 diabetes and improve the subsequent uptake of services to reduce health inequalities.

1

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?
[Please provide further information on any draft research recommendations specifically addressing gaps in the evidence that have been identified in sections 2.2, 3.2, 4.1] Two research recommendations have been made to address identified equality and health inequalities in SGLT-2 inhibitor prescribing and to improve understanding of treatments for people with early onset type 2 diabetes. These are outlined in section 4.2.

2

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?
The committee have checked the list of registered stakeholders for this guideline update and agreed that relevant stakeholder groups are included who represent groups affected by these issues.

3

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No specific questions will be asked, but we will ensure that any comments from relevant stakeholders are considered and discussed with the committee, and changes will be made where necessary.

Completed by developer ___Caroline Mulvihill_____

Date_____18/08/2025_____

Approved by committee chair ____

Date
_____18/08/2025_____

Approved by NICE quality assurance lead ___Simon Ellis_____

Date___18/08/2025_____