

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -**  
**RECOMMENDATIONS**

**Clinical guideline:** Diabetic foot problems: prevention and management of diabetic foot problems in people with diabetes

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

**Table 1 NICE equality groups**

<b>Protected characteristics</b>
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)</li></ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"><li>• Other</li></ul> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li></ul>

**1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
No specific equality issues were identified at scoping. The scope recognised that there was variability in current practice, access to services and amputation rates across the UK and that this may disproportionately affect particular socio-economic groups and / or geographical regions.	No specific recommendations have been made for any population subgroups. The recommendations have been written in such a way that they should apply to the broadest spectrum of people with diabetes who may have, or who are at risk of, a diabetic foot problem.  To address the variability in care and access to diabetic foot services the guideline development group have listed the fundamentals of diabetic foot care services which commissioners and providers should offer.
<b>Other comments</b>	

Insert more rows as necessary.

**2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

<b>What issue was identified and what was done to address it?</b>	<b>Was there an impact on the recommendations? If so, what?</b>
<p>Variability in practice across the UK and access to treatment were considered in development of the guideline.</p>	<p>During development of the guideline, the guideline development group (GDG) took into consideration the issue of variability in practice across the UK and also how people access services. They noted that often those most at risk of diabetic foot problems present as emergencies.</p> <p>The GDG developed recommendations on how often people at risk of diabetic foot problems should be reviewed to reassess risk. It is hoped by developing this recommendation that it will ensure that foot care services across the country are regularly ensuring those at risk of diabetic foot problems are being monitored.</p>
<p>Disabled people, those who are housebound or living in care settings were identified as potentially worse access to services.</p>	<p>A specific recommendation was made stating 'Healthcare professionals may need to discuss, agree and make special arrangements for disabled people and people who are housebound or living in care settings, to ensure equality of access to foot care assessments and treatments'.</p> <p>This recommendation was made to ensure that the specific requirements of these populations can be met to ensure services are as accessible as possible and take into account different needs in terms of mobility and communication.</p>
<b>Other comments</b>	

Insert more rows as necessary.

**3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?**

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

No recommendations have been identified as impeding access to care or unlawfully discriminating against a particular subgroup. Recommendations on frequency of follow-up have been made based on classification of risk of developing diabetic foot problems. These categories of risk are based on those described in the Scottish Intercollegiate Guidelines Network (SIGN) and are well accepted in clinical practice across the UK.

**4. Do the recommendations promote equality?**

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Two recommendations have been made promoting equality for children and young people. The recommendations cover how often young people with diabetes (aged 12 to 18) should have their feet assessed and the provision of basic footcare advice to children (under the age of 12) and their parents or carers.

These recommendations have been made to advance equality and to ensure that the needs of children and young people with diabetes are not missed or ignored.

**5. Do the recommendations foster good relations?**

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

The recommendations observe NICE best practice for writing recommendations and are written in plain English so as to promote the widest possible understanding.



