

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Diabetic foot problems: prevention and management (update)

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? Y/N

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.)

No

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

The prevalence of diabetic foot problems increases with age and length of time living with diabetes. Rates of amputation increase with age, particularly for those over 75 years old.

- Sex

- Disability

Those people living with a disability and those who are housebound or living in care settings have been identified as having reduced access to diabetic foot services.

- Gender reassignment

No issues identified

- Pregnancy and maternity

No issues identified

- Race

No issues identified

- Religion or belief

No issues identified

- Sexual orientation

No issues identified

- Socio-economic factors

There is significant variation in risk of amputation across the country.

- Other definable characteristics (these are examples):

- people who are homeless

Those who are homeless have higher rates of lower limb amputation

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

- Age, Sex, Disability, Race, Socioeconomic factors: Potential inequality issues will be noted in the review protocol and any relevant evidence will be extracted. In addition, these issues will be highlighted to and discussed by the committee during development of recommendations.

Completed by Developer: Ben Fletcher and Clare Wohlgemuth

Date: 23 February 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 12 May 2022

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?

No new recommendations were made from this guideline update.

For the risk assessment and stratification tool research question, the committee recognised that the existing modified SIGN system recommended in NG19 was well established in clinical practice and felt that without good evidence to show that the PODUS system was more clinically and cost-effective, as well as evidence to demonstrate how well it can be implemented in the current NHS setting, there was insufficient justification to change the existing recommendation.

For the frequency of foot review question, the committee agreed that on balance it would be appropriate to maintain the current annual foot screening frequency. They agreed that while it is not necessarily the foot check itself that influences patients' risk of developing a foot problem, the opportunity for education, risk modification and signposting can keep people low risk.

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?

The committee highlighted that people with diabetes that are male, from the most deprived areas, aged over 65 or of white ethnicity had greater risk of amputation. This disparity was also reported in the [National Diabetes Foot Care Report published by the Office for Health Improvement and Disparities \(December 2021\)](#). This is true

for both major and minor amputations. In addition, people from the most deprived areas had the highest risk of amputation. The rate of major amputations in the most deprived areas was 1.82 times higher and 1.47 times higher for minor amputations when compared to the least deprived areas. The committee also noted that this population group are more likely to attend a foot protection podiatry service later when their diabetic foot ulcers are more advanced and are therefore harder to treat.

By keeping the existing recommendation for annual foot checks, the committee agreed this was a universal key interaction point that allowed the importance of foot care to be reminded. There were also concerns that reducing the frequency of foot monitoring would incorrectly signal that foot care isn't a priority and lead to more people with foot problems developing into higher risk status at a later point, which would have a considerable impact on both resources and on wellbeing. Finally, the committee agreed that recommendations targeting specific higher risk population groups were not needed as there were local practices in place to target these groups to ensure they attend their annual foot checks. It was noted that the foot check is part of the annual diabetes review so if people attending for that review every year, it seems logical to continue to include a foot examination and risk assessment in that appointment.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Yes – in the "other factors the committee took into account" section of the committee's discussion of the evidence.

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?

As no new recommendations were made from this guideline update, it will not make it more difficult in practice for a specific group to access services compared with other groups.

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?

No.

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?

As no new recommendations were made from this guideline update, there are no explanations needed to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4.

Completed by Developer Kate Kelley

Date 30 August 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 16 September 2022

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

One issue was raised by a stakeholder during consultation. This was in relation to groups who need additional consideration to encourage foot screening. People with type 2 diabetes who have put the condition into remission should be included, especially those with a history of micro and macrovascular complications. Despite their diabetes being in remission, these individuals may still experience diabetes related complications.

Concern was raised that this growing population may be at risk of being overlooked for annual screening. Whilst there is no clear data on their experience of foot care currently, it is important that the committee acknowledges this patient group and

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

consider their needs.

The committee agreed with this view and noted that within primary care patients coded as diabetes in remission will automatically be invited for annual diabetes retinal screening, will need continued review for micro and macro vascular complications, i.e., annual diabetes review checks (which will include foot screening), and for the development of hyperglycaemia. Furthermore, the committee suggested that people with type 1 diabetes in remission (such as those with a pancreas transplant) should also be included.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

The recommendations have not changed after consultation. There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups.

4.3 If the recommendations 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?

The recommendations have not changed after consultation. The current recommendations have not resulted in an adverse impact on people with disabilities.

4.4 If the recommendations 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

There are no recommendations or explanations that could be made to remove or alleviate barriers to or access to services.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

Updated by Developer Kate Kelley

Date 01 December 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 12 December 2022