NICE National Institute for
Health and Care Excellence

NICE

Implementation advice: health inequalities in type 2 diabetes

Implementation support
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Overview

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. These can result from factors such as socioeconomic status and deprivation, protected characteristics, membership of vulnerable or excluded groups, and where someone lives. These factors often intersect so a person may experience multiple, compounding disadvantages.

Type 2 diabetes is more common in some groups within society. Inequalities extend beyond prevalence to include differences in opportunities to benefit from medicines, access to services and the provision of reasonable adjustments. Causes of inequality include digital exclusion, geographical variations in language support and low health literacy. These disparities influence how people engage with care and the outcomes they experience.

Implementing NICE's guideline on type 2 diabetes can help reduce unwarranted variation by standardising treatment and improving consistency in care. This supports fairer access to effective therapies. NICE's recommendations include:

- offering SGLT-2 inhibitors to most adults
- paying attention to higher-risk groups
- proving personalised diabetes management plans that include dietary advice and other aspects of healthy living such as increasing physical activity and losing weight
- using inclusive, person-centred communication
- monitoring uptake across population groups.

You can use the suggested actions in this implementation advice, alongside the guideline, to help you provide equitable care across your local population.

Low uptake of SGLT-2 inhibitors

Sodium–glucose cotransporter-2 (SGLT-2) inhibitors such as dapagliflozin are under-prescribed to some groups of people who are eligible for them. This includes women, older people, people from some ethnic backgrounds and people living in the most deprived areas.

Why this matters

If prescribing practices are not equitable, people with the highest risk of complications may not have access to the protective benefits of SGLT-2 inhibitors.

What you can do

Actions for providers and healthcare professionals

- **Improve data quality** by consistently recording ethnicity, disability and preferred language using systematised nomenclature of medicine clinical terms (SNOMED CT) codes.
- **Strengthen decision making** by adding clinical prompts and decision-support tools into clinical systems.
- **Engage with culturally diverse communities** by working closely with local voluntary community services (VCS), social prescribing teams, and co-designing services with communities that have low uptake.
- **Develop the workforce** by accessing training, particularly around cultural differences, trauma-informed care and medicines optimisation.
- **Improve engagement with routine diabetes care** by encouraging people to attend their annual review, using review data to optimise treatment plans.

Actions for commissioners

- **Improve data quality** by supporting providers to improve and standardise the recording of ethnicity, disability and preferred language using SNOMED codes.

- **Strengthen clinical decision making** by providing support to build clinical prompts and decision-support tools.
- **Engage with culturally diverse communities** by funding co-designed services and leading engagement initiatives.
- **Develop the workforce** by supporting access to training that promotes equitable prescribing.
- **Monitor prescribing and care-process data** by reviewing variation at system, place, and practice level, identifying where further support is needed.

Access to services

Access to essential diabetes services varies greatly across the country. Socioeconomic disadvantages and where people live can limit their access to GP appointments, specialist clinics, diabetes education and weight management support. People in the most deprived areas face barriers such as transport and finding an appointment time that fits around shift work and unpaid caring responsibilities.

Why this matters

NICE's guideline on type 2 diabetes recommends that medicines are added sequentially, with timely review. People who cannot easily attend appointments may remain on suboptimal therapy for longer.

What you can do

Actions for providers and healthcare professionals

- **Use community-based support models** to work closely with community pharmacy teams or community clinics, helping integrate models that improve local access.
- **Ensure service capacity supports stepwise treatment** by ensuring services are well resourced, so reviews and medication changes are not delayed.
- **Prioritise and proactively support people at a higher risk of reduced access** by identifying people at the highest risk, such as people with poor attendance and people living in areas of high deprivation. Use outreach such as recalls, reminders and community health workers to ensure timely reviews.
- **Use flexible appointment models** by making use of existing extended primary care hours, telephone consultations and outreach clinics to reduce practical barriers.

Actions for commissioners

- **Use community-based support models** to support partnership working with community pharmacy teams or community clinics.

- **Ensure service capacity supports stepwise treatment** by resourcing services to support timely reviews and medication changes.

Reasonable adjustments

Some people face challenges managing complex regimens or multiple appointments. This includes people with learning disabilities, dementia or severe mental illness. Physical difficulties such as swallowing or handling medicines can also make certain formulations or treatment approaches less suitable.

Why this matters

Without tailored adjustments, people may be unable to use recommended medicines safely, increasing the risk of complications.

What you can do

Actions for providers and healthcare professionals

- **Equip staff to recognise the factors leading to unequal care** by accessing training, particularly on risk-perception challenges, unconscious bias and recognising diagnostic overshadowing (when a person's symptoms are wrongly attributed to an existing condition).
- **Maintain simple, non-digital routes for accessing care** by ensuring people have non-digital options for booking appointments, education and monitoring.
- **Streamline pathways where possible** by avoiding multiple unnecessary visits and coordinating tasks.
- **Tailor treatment to individual needs** by offering alternatives such as different formulations and adapting care plans for people with cognitive or communication challenges.
- **Use flags in clinical systems** by recording and updating reasonable adjustment needs in systems. Ensure disabilities are clearly identified and shared across the care team.
- **Adapt appointment structures** by offering longer appointments or clinician continuity for people needing more support.

- **Work with carers and support networks** by involving them (with consent) to support safe medicine use.

Actions for commissioners

- **Equip staff to recognise the factors leading to unequal care** by supporting staff to access training.
- **Maintain simple, non-digital routes for accessing care** by ensuring non-digital options are available for booking appointments, education and monitoring.
- **Streamline pathways where possible** by supporting opportunities for task coordination.

Digital exclusion

Technology increasingly supports diabetes care. But digital-only systems can create barriers for people who have limited access to devices, connectivity or support. This can include some older people, people living in areas with low digital access, and people living with disabilities. When alternatives are not available, people may find it harder to book appointments, access monitoring or participate in education.

Why this matters

When care processes rely on digital tools, some people may be unintentionally excluded from parts of their care. This can lead to delays in treatment.

What you can do

Actions for providers and healthcare professionals

- **Provide non-digital options for accessing care** by ensuring people can access services in-person or by telephone.
- **Identify people at risk of digital exclusion** by using records and population-health data to help identify people who might benefit from additional support or alternative routes.
- **Ensure digital systems are optional** by making sure they enhance, not replace, non-digital care.
- **Monitor the uptake of digital pathways** by regularly reviewing them across groups and adjusting services accordingly.
- **Enable the confident use of digital tools** by offering support to address practical barriers (for example, access to equipment) for people who want digital options. Develop your own digital skills so you can also use systems consistently and safely.

Actions for commissioners

- **Identify people at risk of digital exclusion** by supporting activities to help identify people who may benefit from additional support or alternative routes.
- **Ensure digital systems are optional** by making sure these tools are provided alongside non-digital care.
- **Monitor the uptake of digital pathways** by regularly reviewing them across groups and adjusting services accordingly.

Language, health literacy and cultural differences

Many people with type 2 diabetes may experience barriers caused by limited English proficiency, low health literacy or unfamiliarity with the healthcare system. Some people rely on family members to interpret, affecting privacy and understanding. Some cultural beliefs may influence whether treatment advice is acted on.

Why this matters

Without appropriate language support and culturally informed communication, people may struggle to understand advice or use medicines safely. This increases the risk of undertreatment and low adherence.

What you can do

Actions for providers and healthcare professionals

- **Ensure access to professional interpreters** by making sure they are available for consultations and care discussions.
- **Offer culturally adapted education** by delivering tailored education programmes.
- **Use community health advocates or link workers** to collaborate with trusted community groups and support engagement.
- **Provide translated and accessible information** by offering translated materials and easy-to-read formats which support understanding.
- **Identify people with language or health literacy needs** by using records and assessments.

Actions for commissioners

- **Ensure access to professional interpreters** by improving the availability and commissioning of trained interpreters.

- **Offer culturally adapted education** by developing or commissioning structured education programmes.
- **Use community health advocates or link workers** to support collaboration with trusted community groups.

Limited evidence for some groups

Some groups are underrepresented in clinical trials and routine data. This includes people with early onset type 2 diabetes (diagnosed at age 40 or under), trans and non-binary people and older, frailer people. It also includes asylum seekers, people experiencing homelessness and people from a Gypsy, Roma or Traveller community. Evidence gaps can make it harder to apply guideline recommendations confidently.

Why this matters

When evidence is limited, clinicians may be unsure about risks or benefits. This may lead to variations in care or hesitation in offering recommended therapies.

What you can do

Actions for providers and healthcare professionals

- **Use shared decision making and clinical judgment to personalise care** by exploring preferences and priorities when evidence is limited, reviewing this regularly.
- **Support research participation and improve data collection** by helping to remove barriers to research involvement and strengthen demographic recording.

Actions for commissioners

- **Support research participation and improve data collection** by supporting research involvement and data collection.

Related guidance and resources to share with your networks

Related guidance

NICE has published several key pieces of guidance which will help you put this implementation advice into practice. This includes:

- NICE's topic page on diabetes
- NICE's guidelines on:
    - Shared decision making
    - Patient experience in adult NHS services: improving the experience of care for people using adult NHS services
    - Community engagement: improving health and wellbeing and reducing health inequalities
    - Community pharmacies: promoting health and wellbeing
    - Multimorbidity: clinical assessment and management
- NICE's quality standard on promoting health and preventing premature mortality in black, Asian and other minority ethnic groups.

Resources from NICE

- Prescribing guide on individualising medicines use for type 2 diabetes
- Resource impact tools for type 2 diabetes
- Shared decision-making learning package

Resources from our partners

- The King's fund: what are health inequalities?
- Tackling inequity resources from Diabetes UK
- Diabetes UK patient-facing resources on SGLT2 inhibitors and GLP-1 agonists
- NHS England's equality and health inequalities hub
- NHS England information on diabetes
- NHS Race and Health Observatory webpage
- NHS Race and Health Observatory's health action resource platform (HARP)
- SGLT2 inhibitor use in type 2 diabetes in England: a population-based cohort study of uptake of NICE guidance

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