

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Type 2 diabetes in adults: management

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

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?

Stakeholder consultation feedback from the Royal National Institute for the Blind raised issues with the NICE website compliance to standards for access of material for people with sight loss. It was not within the influence of the committee to do anything directly. These issues have been highlighted to the NICE web team and Public Involvement Programme.

Other stakeholders raised issues around access to self-monitoring for people with type 2 diabetes and provided comment on certain situations when self-monitoring may be appropriate. The committee took these comments into account but still felt that advice not to routinely offer self-monitoring was appropriate. However, they did recognise the need for short term monitoring in people starting treatment with oral or intravenous corticosteroids or to confirm suspected hypoglycaemia.

Although separate recommendations for people with renal impairment were not made, renal function was reflected in a new recommendation, to remind healthcare professionals that a low HbA1c level could be due to deteriorating renal function. Aside from this, no evidence was found to support specific recommendations for this subgroup, but people with significant co-morbidities are highlighted in the recommendations on target values for HbA1c, which would include people with renal impairment. The guideline development group were also aware of the recently published NICE Chronic Kidney Disease guideline and were keen not to duplicate

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any recommendations in the guideline which may pertain to people with diabetes.

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?

No amendments to the recommendations have been identified as making it more difficult in practice for a specific group to access services compared with 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?

No changes to recommendations have been identified to have 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 questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

Changes have been made to the recommendations for initial pharmacological management for type 2 diabetes so that repaglinide is not as prominent and so that extended release metformin is now an option for those people who are contraindicated to or cannot tolerate standard release metformin. The committee did this following significant feedback from the stakeholder community that this could

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lead to barriers to selecting and continuing treatment for people with type 2 diabetes. The very limited use of repaglinide in current clinical practice also brought the 'Do not routinely offer self-monitoring' recommendation into conflict with the initial pharmacological therapy recommendations which were put out for consultation. Stakeholders felt that if repaglinide was given, self-monitoring would certainly be needed to ensure safe prescribing of this drug as there is a distinct lack of experiential evidence on repaglinide amongst the clinical community.

The reasons for amended recommendations for initial therapy are detailed in the linking evidence to recommendations tables in the full guideline. It is hoped that these amendments will alleviate any barriers to treatment.

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

Equality considerations are explained in the linking evidence to recommendations sections of the guideline.

Updated by Developer Sue Spiers

Date 12 November 2015

Approved by NICE quality assurance lead Christine Carson

Date 12 November 2015

5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

No further issues raised.

Approved by Developer ___ Sue Spiers _____

Date ___ 12/11/2015 _____

Approved by NICE quality assurance lead Christine Carson Date 12 November 2015