NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Type 2 diabetes in adults: management [NG28]

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

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?

Not applicable

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 identified the following potential equality issues:

- older adults (aged 65 and above as a proxy for frailty)
- people with frailty
- people with physical disability, mental health related or learning disability

The committee highlighted that these groups require assistance from care workers or healthcare professionals such as district nurses and therefore may need support in using their intermittently scanned continuous glucose monitoring (isCGM) device. These groups may also have limitations with their dexterity which can cause difficulties in using the device and obtaining readings. Use of an isCGM device will ensure that there are sufficient, reliable, recordings against which a person's insulin schedule can be adjusted. This will help healthcare professionals to develop a treatment plan to ensure that the person is given insulin at the most effective times, reducing the risk of hypoglycaemic events between home visits.

The committee identified that people using isCGM with language difficulties or learning disabilities would benefit from support from their diabetes care team.

It is known that certain ethnicities have a higher rate of type 2 diabetes from a younger age and the committee considered this issue carefully. They felt ethnicity did not influence the use of isCGM and therefore did not make any specific recommendations.

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?

The updated recommendations are likely to result in broader access to isCGM amongst adults with type 2 diabetes and empower people to self-manage their diabetes.

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?

The committee considered advancing equality in all updated recommendations. The updated recommendations should reduce inequalities and enable more people to

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?

receive an isCGM intervention. Certain groups such as older adults (aged 65 and above), people with frailty, people with physical, mental health related or learning disability were identified. Committee discussions around equality issues have been added to the evidence review.

Completed by Developer: Susan Spiers, Associate Director

Date: 01.10.21

Approved by NICE quality assurance lead: Christine Carson, Programme Director

Date: 03.11.21