#### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# **NICE** guidelines

### **Equality impact assessment**

## Type 2 diabetes: prevention in people at high risk

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 draft guideline consultation)

	Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
n/a	(no scoping process)

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 equality issues:

- People with physical and/or learning disabilities may be unable to participate in lifestyle programmes. This was considered and addressed in the previous version of the guideline, where metformin was recommended as a possible first line intervention for people who were unable to participate in lifestyle change programmes. This recommendation stands in the current draft guideline.
- The committee acknowledged that some experts had suggested that people with South East Asian ethnicity identified as 'high risk' of type 2 diabetes based on risk factors and baseline fasting plasma glucose or HbA1c may progress to type 2 diabetes more quickly than people with other ethnicities identified as high risk. However, this hypothesis is as yet unproven. If the hypothesis is correct, the recommendation on prioritisation of people with high baseline fasting plasma glucose or HbA1c may increase inequalities

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?

for this group by preventing timely access to intensive lifestyle modification programmes. However, research in this area is at an early stage and the committee did not think it was appropriate to make a different recommendation for this group based on current evidence. The committee agreed that a research recommendation from the previous version of guideline recommending research on the effects of ethnicity on the effectiveness of intensive lifestyle change programmes should stand.

- People in prisons may find it difficult to access intensive lifestyle change programmes, although the committee did not make a separate recommendation for this group.
- The committee suggested that people with a high BMI may find it difficult to access intensive lifestyle change programmes because of stigma associated with undertaking exercise. The committee felt that this stigma was important for providers of intensive lifestyle change programmes to consider and minimise, but a separate recommendation was not warranted.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes, in the committee discussion section of the evidence review (other considerations).

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 described fully in section 3.2, the following groups may find it more difficult to access intensive lifestyle change programmes:

People with physical and learning disabilities

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?
- People in prisons
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?
<ul> <li>As discussed in section 3.1, People with physical and/or learning disabilities may be unable to participate in lifestyle programmes. This was considered and addressed in the previous version of the guideline, where metformin was recommended as a possible first line intervention for people who were unable to participate in lifestyle change programmes. This recommendation stands in the current draft guideline.</li> </ul>
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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
The committee have made changes to recommendations described in section 3.2 and have discussed equalities issues in the committee discussion section of the review document.
Completed by Developer <u>Susan Spiers, GUT Guideline Lead</u>
Date08/05/2017
Approved by NICE quality assurance lead: Nichole Taske, Guideline Lead
Date 08/05/2017