

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)

3.1 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 agreed that it was not 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 feel able to 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 that 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?

The draft recommendations do not make it more difficult for specific groups to access services however as noted in section 3.2, the following groups may find it more difficult to access intensive lifestyle change programmes:

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 with physical and learning disabilities
- 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?

- 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.

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 Susan Spiers – SCU Guideline Lead

Date 08/05/2017

Approved by NICE quality assurance lead Nichole Taske – NICE QA Guideline lead

Date 08/05/2017

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 stakeholder raised the eligibility of ethnic minorities for metformin as this group will be at greater risk and would therefore have potential greater benefit from metformin. The clinical review of effectiveness found differences between ethnicity subgroups however these were not clinically significant. Therefore a recommendation for metformin was not made for specific ethnicities.

Another stakeholder noted that it may not be appropriate to offer intensive life changing programmes for certain patients such as those with dementia because they may lack capacity to consent and/or they may not be able to undertake lifestyle change. Furthermore it is also recognised during stakeholder consultation that individuals with mental illnesses often have poorer physical health and there will be a number of those who would benefit from testing and intervention to prevent progression of diabetic disease. Furthermore the guideline update refers to people with physical health problems and learning disabilities but not those with mental health issues including dementia. Given the increasing prevalence of both diabetes and dementia, there will be an increasing number of individuals with both conditions who should be recognised.

The committee considered this issue and an extra recommendation has been added. Recommendation 1.5.6 now states - ensure that intensive lifestyle-change programme are designed to help as many people as possible to access and take part in them (see sections 1.15 and 1.16 for recommendations on providing information and services, and supporting lifestyle change in people who may require particular support).

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.

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.

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?

An extra recommendation has been added (recommendation 1.5.6) to enable as many people as possible to access and participate in intensive lifestyle-change programmes. This new recommendation also cross references to sections 1.15 and 1.16 in the guideline for recommendations on providing information and services, and supporting lifestyle change in people who may require particular support.

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

The committee's consideration of equalities have been described in the committee discussion section of the review document.

Completed by Developer Susan Spiers – SCU Guideline Lead

Date 09/08/2017

Approved by NICE quality assurance lead Nichole Taske – NICE QA Guideline lead

Date 09/08/2017