

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indicator Equality Impact Assessment

Topic: IND249 Diabetes - Blood pressure in people aged 79 years or under without moderate or severe frailty

- 1.1 Have any potential equality issues been identified during the development process?

Stakeholders were concerned that people with a learning disability (or learning disabilities) and autistic people may be excluded from receiving this care. The concerns relate to access and participation, as detailed in sections 1.3 and 1.4.

- 1.2 Have any population groups, treatments or settings been excluded from coverage by the indicator? Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Patients with diabetes under the age of 17, who would be cared for in secondary services. This indicator was developed for use in general practice only.

The indicator excludes people with moderate or severe frailty to avoid overtreatment, in line with the underpinning guidance.

People aged 80 years and over are excluded from the indicator to avoid overtreatment. They should be managed to a higher treatment target in line with the underpinning guidance.

1.3 Does the indicator 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?

At consultation, stakeholders highlighted potential barriers to people with a learning disability (or learning disabilities) and autistic people accessing blood pressure checks for their diabetes:

- They may be inadvertently omitted from the indicator denominator.

The committee highlighted the importance of accurate coding of frailty status. They advised that extra care should be taken when excluding people identified to have moderate frailty. The denominator is designed to include all eligible people in the population.

- They may not understand appointment letters inviting them for their appointment because the letters were not provided in an accessible format.

Providers of NHS care have a legal duty to meet the NHS Accessible information standard (or equivalent standard in the devolved nations) when sending appointment letters. [NHS Accessible information standard implementation guidance](#) states that patients 'must be asked about any information or communication support needs by a member of staff upon their first or next interaction with the service. This could, for example, be over the telephone when calling for an appointment, results or repeat prescription, or face-to-face. Where the conversation is held face-to-face a private room or area should be offered and made available as appropriate'. This is echoed by [2022/23 QOF guidance](#) which states that 'practices should prospectively and opportunistically record individual patients preferred methods of communication, for example at the time of the next patient contact. Where a preferred contact method is recorded this would be used to make the first invitation for care. The second invitation may be via any method'.

1.4 Is there potential for the indicator to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Stakeholders felt that people with a learning disability (or learning disabilities) may experience anxiety and stress while having their blood pressure taken. This may result in poor management of their blood pressure, putting them at increased risk of developing complications. It is a statutory requirement under the Equality Act 2010 that public sector agencies make 'reasonable adjustments' to their practice to make them as accessible and effective as they would be for people without disabilities. This could include, for example, offering longer appointments, as recommended in NICE's guidance on people with learning disabilities.

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