NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Type 2 diabetes in adults: Management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in Developing NICE guidelines: the manual.

This EHIA relates to:

Type 2 diabetes in adults: Management – Medicines update

Appendix [X]: equality and health inequalities assessment (EHIA)

STAGE 2. Informing the scope

(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

Type 2 diabetes in adults: Management

Date of completion: 21/09/22

Focus of guideline or update: Medicines

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted ‘not applicable’.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?
A range of approaches were used to understand equalities and health inequalities issues relevant to the update. These included; • collating the equalities issues raised in previous scopes for the topic • a health inequalities briefing produced from a literature review of the current evidence, and • views of committee members including a lay member with lived experience of type 2 diabetes. Specific questions were included at the stakeholder workshop where there was representation from a range of organisations including those representing people with lived experience.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

1. *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*

   Age - people with young onset diabetes (aged under 40 years) and those diagnosed for the first time when aged 80 or older were raised as specific groups to consider as treatments may have different risk / benefit profiles.

   Disability – People with a learning disability are more likely to have diabetes, and at a younger age, than the general population. This is most likely due to the higher prevalence of obesity and physical inactivity in this cohort which are largely driven by social factors. People with severe mental illness were raised as a group where it is known that adherence to medicines is particularly low. This was also thought to be true of people with learning disabilities. Furthermore some medicines used for severe mental illnesses (antipsychotics) can lead to weight gain and increase risk of diabetes. Depression was also noted to be prevalent in people with type 2 diabetes.

   Pregnancy and maternity – this group isn't covered by the guideline as there is a separate guideline on this topic.

   Race – Black and Asian populations have higher prevalence of type 2 diabetes compared to White populations. However, recording of ethnicity is poor across the healthcare system, without which the true extent of variation by ethnicity is difficult to know. It has been suggested that more data is emerging suggesting people in different ethnic groups may respond to treatments differently. For example it was noted that young South Asian patients tend to have lower BMI, but tend to be more beta-cell deficient. Beta-cell deficiency or insulin resistance may be different between phenotypes.

2. *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*

   Type 2 diabetes prevalence follows a strong socioeconomic gradient which suggests increasing need for early identification and targeted prevention in more deprived areas where the burden of diabetes is greatest.

3. *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*

   Issues overlapped with the socio-economic factors described above.

4. *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)*

   Studies have shown very high rates of type 2 diabetes in Gypsy, Roma and Traveller communities although there is limited data available for this vulnerable population.

People in contact with the criminal justice system are at high risk for diabetes and a key target group for prevention.

2.3	How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

A previous version of the equalities impact assessment form was utilised at this stage of the guideline where a different level of detail were required. Information completed for consultation was as follows:

It is unclear whether people of different ages, or ethnicities would indicate a different response to medicines, and therefore this will be considered in the updated evidence review questions in the guideline to determine whether different recommendations are required for these groups.

It is considered likely that different considerations may be required for use of medicines in people with severe mental illness, a learning disability or cognitive impairment (for example those with dementia) and therefore separate recommendations may be required depending on whether some medicines may be more appropriate or easier to take. These groups will therefore be considered in the updated evidence review questions.

Issues relating to the higher prevalence of type 2 diabetes in those in lower socioeconomic groups, Gypsy, Roma and Traveller communities and those in the criminal justice system are not expected to relate to a different response to medicines and therefore will not be included as subgroups in the review questions.

2.4	Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

There were 685 registered stakeholder organisations at the time of the scope consultation with a very broad representation from a range of organisations including those representing people with lived experience.

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?
The core committee membership is proposed to include 2 people with lived experience. One member is already in post and a second will be advertised for during the scope consultation process. If when reviewing the available evidence, it is agreed that evidence is lacking in a particular group highlighted in the scope, and expert consensus opinion from the multidisciplinary committee is not sufficient to inform recommendations or research recommendations, other methods to inform recommendations may be considered as appropriate.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?
Not applicable

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?
Children and pregnant women are excluded as there are separate NICE guidelines for these populations: Diabetes (type 1 and 2) in children and young people: https://www.nice.org.uk/guidance/ng18 and Diabetes in pregnancy: https://www.nice.org.uk/guidance/ng3

Completed by developer: Serena Carville

Date: 21/9/22

Approved by committee chair: Simon Mackenzie

Date: 20/2/23

Approved by NICE quality assurance lead:

Date: 01/03/23

STAGE 3. Finalising the scope

(to be completed by the Developer, and submitted with the revised scope if this is applicable. Skip this stage if there was no consultation.)

Type 2 diabetes in adults: Management

Date of completion: 19/12/22

Focus of guideline or update: Medicines

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?
Comments on the draft scope were received from 23 stakeholder groups representing a range of organisations including national healthcare organisations, royal colleges, pharmaceutical companies, academic institutions, charities, patient groups and specialist societies.

3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?
1) *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation) - None.* 2) *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income) - None.* 3) *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south) - None.* 4) *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking) - None.*

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?
No changes to the scope were made in relation to equality and health inequalities issues.

Completed by developer: Serena Carville

Date: 19/12/22

Approved by committee chair: Simon Mackenzie

Date: 20/2/23

Approved by NICE quality assurance lead: Christine Carson

Date: 01/03/23