

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Type 1 diabetes in adults: diagnosis and management [NG17]

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
- lower socio-economic groups

The committee highlighted that these groups require assistance from district nurses or a care worker and therefore may need support in using their continuous glucose monitoring (CGM) device. These groups may also have limitations with their dexterity which can cause difficulties in using the device and obtaining readings.

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

People from lower socio-economic group may experience difficulties in using CGM if their device requires access to particular higher cost technologies (such as a smartphone, computer for sharing readings with their health care professional and up to date phone software).

It is known that certain ethnicities have a higher rate of type 1 diabetes and the committee considered this issue carefully. They felt ethnicity did not influence the use of CGM 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 recommendation are likely to result in broader access to flash and real-time CGM devices, as opposed to a binary decision on access based on stringent criteria. This whole population approach (i.e., all people with type 1 diabetes) should reduce inequalities and enable more people to receive a CGM intervention.

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?

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The committee considered advancing equality in all updated recommendations. The updated recommendations should reduce inequalities and enable more people to receive a CGM intervention. Certain groups such as older adults (aged 65 and above), people with frailty, people with physical, mental health related or learning disability and people from lower socio-economic groups were identified. Committee discussions around equality issues have been added to the evidence review.

Completed by Developer: Susan Spiers, Associate Director

Date: 1.10.21

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

Date: 03.11.21