

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## EQUALITY IMPACT ASSESSMENT

### NICE guidelines

#### **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.

#### **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?

A number of additional equality issues were raised by stakeholders during consultation:

- Adults with type 1 diabetes from minority ethnic or socially deprived backgrounds experience higher average blood glucose levels, something that can be reduced through access to technology. However, people from lower socioeconomic backgrounds are less likely to discuss technology with their health care professionals and have lower awareness of the options available to them. With this in mind, an extra recommendation was suggested to encourage access to technology amongst groups experiencing health inequalities, by ensuring health care professionals proactively discuss technology with those from hard to reached communities, and monitoring uptake across different groups by local health commissioners.
- Further research was also suggested to understand why these inequalities in access exist and stop them persisting.
- Concerns were raised about the affordability of these new recommendations and that clinical commissioning groups and integrated care systems will struggle to fund the recommendations in full. This will result in a 'post-code' lottery which will increase inequalities, as access to these technologies will vary depending on where people live.
- Furthermore, geographical variation in CGM uptake was also raised.

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Inequalities in access to CGM amongst people living in areas of high deprivation and from minority ethnic backgrounds was highlighted to be a consistent problem.

- Digital inequality was noted as an issue by the committee. CGM devices rely on people being familiar with certain technologies (e.g., a smartphone) and this technology is not accessible/ preferable for everyone.
- There is a need for a person-centred approach where the person with diabetes, carers (where relevant) and their health care professional can explore options together. This includes providing information about how CGM could be used. To do this, reasonable adjustments may be required in accordance with the Equality Act 2010, including resources in appropriate format e.g., easy-read and different languages, and appropriate appointment times. Moreover, adults with type 1 diabetes with learning disabilities and people from ethnic minority groups, if English is not their first language, they should not face barriers to access the technology they are entitled to.

The committee discussed this issue and agreed it is important to address inequalities in CGM access. Despite the positive recommendation for the use of CGM in adults with type 1 diabetes, the committee were concerned that inequalities may still occur with uptake of CGM being lower in certain groups. To address this the committee added a recommendation outlining actions to address this including monitoring uptake, identifying groups who have a lower uptake and making plans to engage with these groups to encourage uptake. Regarding affordability, NICE is aware that NHS England are currently involved in discussions about pricing with various manufacturers of continuous glucose monitoring devices. Whilst we are not involved in those conversations, we hope that whatever results will prove useful in reducing the concerns about affordability of the recommendations that have been raised through this consultation. Finally, the committee agreed that a person-centred approach is needed. Recommendation 1.6.2 stresses the importance of considering the person's identified needs and preferences. The guideline also highlights that people using continuous glucose monitoring devices should be empowered to do so. This includes making reasonable adjustments in accordance with the Equality Act 2010.

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?

There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups.

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?

Amendments made to the recommendations after consultation have not resulted in any adverse impact on people with disabilities accessing these products.

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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

There are no recommendations or explanations that could be made to remove or alleviate barriers to or access to services.

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

The Committee's consideration of equality issues is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

Updated by Developer: Kate Kelley

Date: 03.02.22

Approved by NICE quality assurance lead: Christine Carson

Date: 31.05.22