NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT - RECOMMENDATIONS

Clinical guideline: Diabetes (type 1 and 2) in children and young people: diagnosis and management

As outlined in The guidelines manual (2012), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
• Age • Disability • Gender reassignment • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation • Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)
Additional characteristics to be considered
• Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).
• Other Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance: • refugees and asylum seekers • migrant workers • looked-after children • homeless people.

1 **1. Have the equality areas identified during scoping as needing attention**
2 **been addressed in the guideline?**

3 Please confirm whether:

4 - the evidence reviews addressed the areas that had been identified in the
5 scope as needing specific attention with regard to equality issues (this also
6 applies to consensus work within or outside the GDG)
7 - the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
It was agreed that for some review questions different recommendations might need to be made for the following specific subgroups of children and young people: • those with an ethnicity associated with a high prevalence of diabetes • those with disabilities (including learning disabilities) • those with comorbidities (medical or psychiatric conditions) • those with poor educational achievement. To ensure that any evidence related to these particular groups was considered systematically, the review protocols for the relevant questions specified that subgroup analysis would be undertaken where possible. However, none of the evidence identified for inclusion in the guideline reviews was suitable for subgroup analysis to be undertaken.	The GDG did not formulate any new recommendations targeted exclusively towards any of the identified groups. The GDG did specify in a number of the 2015 update recommendations (those labelled **[new 2015]** or **[2015]**) that the interventions being offered/considered should be individualised and take account of characteristics such as age, ethnicity and learning ability, and in some cases social circumstances (for example, the group noted that education programmes for children and young people with type 1 or type 2 diabetes should be tailored to take account of their personal preferences, emotional wellbeing, age and maturity, cultural considerations, existing knowledge, current and future social circumstances and life goals). The GDG retained a recommendation from the 2004 guideline (labelled as **[2004, amended 2015]**) that stated that particular care should be taken when communicating with and providing information to children and young people with type 1 diabetes if they and/or their family members or carers (as appropriate) have, for example, physical and sensory disabilities, or difficulties speaking or reading English. The group recognised the importance of the issue by selecting this as a key priority for implementation (key recommendation) and expanding it to cover children and young people with type 2 diabetes.

	The GDG recognised that the needs of children and young people who are unable to identify or communicate about symptoms of hypoglycaemia (for example, those with cognitive or neurological disabilities) may differ from others when monitoring blood glucose and therefore recommended that real-time continuous glucose monitoring with alarms be made available to this group (recommendation 1.2.62; this recommendation was selected as a key priority for implementation).

1 **2. Have any equality areas been identified *after* scoping? If so, have they**
2 **have been addressed in the guideline?**

3 Please confirm whether:

4 • the evidence reviews addressed the areas that had been identified after
5 scoping as needing specific attention with regard to equality issues (this
6 also applies to consensus work within or outside the GDG)
7 • the GDG has considered these areas in their discussions.

1 *Note: some issues of language may correlate with ethnicity; and some communication issues may*
2 *correlate with disability*
3

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
It was noted during development that guidance was needed to ensure that children and young people with rarer forms of diabetes (for example, monogenic diabetes and cystic fibrosis-related diabetes) receive appropriate care, but that there was unlikely to be any specific evidence on which to base recommendations.	It was agreed with NICE that the GDG could reconsider the existing recommendations from the 2004 guideline and adjust them based on consensus to ensure that sufficient consideration was given to these different forms of diabetes at diagnosis.
Some stakeholder comments submitted in response to the consultation on the draft guideline highlighted issues around resources for communicating with and providing information to children and young people with type 1 and type 2 diabetes if they and/or their family members or carers (as appropriate) have physical and sensory disabilities, or difficulties speaking or reading English. These comments suggested that specific resources such as written information, audiotaped material and professional interpreters should be sought for those whose preferred language is not English.	In response to these comments the GDG noted that they would wish to keep the recommendations broad when referring to taking particular care when communicating with and providing information to children and young people with type 1 and type 2 diabetes if they and/or their family members or carers (as appropriate) have, for example, physical and sensory disabilities, or difficulties speaking or reading English. The GDG did not look at evidence as part of the 2015 update to allow specific individual circumstances to be considered (because this part of the guideline was excluded from the 2015 update scope) and so no specific resources are recommended. Although the GDG were unable to amend the phrasing or content of these recommendations they noted that they had been selected as key priorities for implementation (key recommendations) because of the importance of the content.
A further comment submitted in response to the stakeholder consultation on the draft guideline highlighted that although the guideline includes several references to increased rates of type 2 diabetes among people from black and ethnic	This issue was discussed at length during development of the guideline, but (as noted above) no specific evidence was found regarding improving access for different ethnicities. The recommendations about education for children and

minorities there were no recommendations for ensuring that services are accessible these members of the community.	young people with type 1 diabetes and those with type 2 diabetes do include tailoring to individual circumstances, including taking into account cultural considerations. In response to the stakeholder comments the recommendations about diet for both type 1 and type 2 diabetes were, however, revised to include taking account of social and cultural considerations to allow for different ethnicities.

1 **3. Do any recommendations make it impossible or unreasonably difficult**
2 **in practice for a specific group to access a test or intervention?**

3 For example:

4 • does access to the intervention depend on membership of a specific
5 group?
6 • does using a particular test discriminate unlawfully against a group?
7 • would people with disabilities find it impossible or unreasonably difficult to
8 receive an intervention?
9

The GDG is of the view that none of the recommendations makes it impossible or unreasonably difficult in practice for a specific group to access a test or intervention.

10
11 **4. Do the recommendations promote equality?**
12 State if the recommendations are formulated so as to advance equality, for
13 example by making access more likely for certain groups, or by tailoring the
14 intervention to specific groups.

The GDG is of the view that the recommendations will reduce variation in practice and this will, in turn, ensure greater access to interventions in circumstances where they might currently be unavailable (for example, the group specified that continuous glucose monitoring therapy should be considered for certain at-risk groups, including neonates, infants and preschool children, and children and young people who have comorbidities). As stated above, the GDG has included in the 2015 update recommendations details as to when and how interventions need to be tailored to ensure that they are accessible to all children and young people with type 1 or type 2 diabetes.

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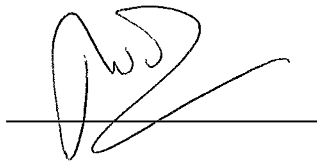
5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

> See the response to question 1 above ('Have the equality areas identified during scoping as needing attention been addressed in the guideline?'). In addition, the GDG has carefully considered the wording of all the recommendations so as to foster good relations and improve understanding. For example, the group has:
>
> - included advice to promote consideration of the child or young person's personal preferences (and those of their family members or carers as appropriate) when choosing an insulin regimen
> - stated that dietary advice for children and young people with type 2 diabetes and their family members or carers (as appropriate) should be provided in a sensitive manner.

Signed:

M. Stephen Murphy



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NCC Director	***GDG Chair***
Date: 12 June 2015	***Date:*** 15/6/15

Approved and signed off:

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CCP Lead

Date: