NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

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

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)
No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they? (Please specify if the issue has been highlighted by a stakeholder)
Age In 2019-2020 there were 1,560 children (age <19) in England and Wales with type 2 diabetes – 7% <12 years, 35% 12-15 years, 58% 16-18 years. This is an increase from 1.8% of total type 2 diabetes in 2011/12 to 3.0% in 2019/20. **Disability**

Children with a learning disability may need specific consideration when looking at treatments for type 2 diabetes, especially with regard to management of longer-term medication.

Gender reassignment

No issues identified.

Pregnancy and maternity

Type 2 diabetes can cause complications during preconception and pregnancy. For this reason, specific guidance in provided by NICE guideline NG3 Diabetes in pregnancy: management from preconception to the postnatal period (2015).

Race/ethnicity

Prevalence of type 2 diabetes varies between people of different family origins. It is up to 6 times more common in people of south Asian family origin, and 3 times more common in people of Black family origin compared to white people.

Children of south Asian family origin represent 34% of total with type 2 diabetes, compared with 7.5% of the total UK population at last census. Children of Black family origin represent 12% of total with type 2 diabetes, compared with 3.3% of the total UK population (National Diabetes Audit).

Religion or belief

People who fast for religious beliefs may need additional medical care to manage their diabetes during this time.

Sex

No issues identified.

Sexual orientation

No issues identified.

Socio-economic factors

No issues identified

Other definable characteristics

No issues identified.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

For some review questions different recommendations might need to be made for

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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.

Completed by Developer: Robby Richey/Ben Fletcher

Date: 10th March 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 17/03/2022

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
No additional issues identified during consultation.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?
No changes made as a result of consultation relating to potential equality issues.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration? If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)
No changes made.

Updated by Developer: Robby Richey

Date: 17th May 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 25th October 2022

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?
The updated recommendation are likely to result in children and young people with type 2 diabetes having broader access to pharmacological agents for improving glycaemic control. This should reduce inequalities. The committee also noted that the needs of children and young people with type 2 diabetes are often complex. Some children and young people with type 2 diabetes may have existing medical or mental health conditions whilst others are receiving support for weight management, low self-esteem, or negative body image. These complex needs should be taken into consideration when interacting with children and young people with type 2 diabetes and their carer(s), and discussing potential treatment changes.

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?
No other potential equality issues were identified by the committee.

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?
No. The updated recommendation are likely to result in children and young people with type 2 diabetes having broader access to glucose lowering agents to manage blood glucose levels. This should reduce inequalities.

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?
The committee considered advancing equality in all updated recommendations. The updated recommendations should reduce inequalities and enable more children and young people with type 2 diabetes to receive pharmacological agents for improving glycaemic control. Certain groups such as children with learning disabilities and children and young people from Black and Asian minority ethnic groups were identified. The committee acknowledged that the needs of children and young people with type 2 diabetes are often complex. Some children and young people with type 2 diabetes may have existing medical or mental health conditions whilst others are receiving support for weight management, low self-esteem, or negative body image. These complex needs should be taken into consideration when interacting with children and young people with type 2 diabetes and their carer(s), and discussing potential treatment changes.

Completed by Developer: Kate Kelley

Date: 18.11.22

Approved by NICE quality assurance lead: Christine Carson

Date: 07.12.22

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: **Continuous glucose monitoring** **Disability and socio-economic factors** Concern was raised by a number of stakeholders suggesting that continuous glucose monitoring (CGM) should be recommended instead of capillary blood glucose monitoring for children and young people with type 2 diabetes using insulin to support self-management. Stakeholders highlighted an inconsistency with the adult management of type 2 diabetes guideline (NG28) where CGM is recommended in adults with type 2 diabetes that have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them). The committee were requested by stakeholders to review this to ensure parity between adults and children and young people with type 2 diabetes. The committee noted that children and young people with type 2 diabetes may experience health inequalities in accessing healthcare. Many children and young people with type 2 diabetes have special educational needs, such as learning disabilities, autism spectrum disorder or mental health issues and experience difficulties in taking capillary blood glucose measurements and monitoring blood glucose levels. In these circumstances CGM is a reasonable adjustment to facilitate monitoring of blood glucose levels. There are socio-economic considerations for children and young people with type 2 diabetes. The association between obesity and type 2 diabetes is well known and the prevalence of childhood obesity is strongly correlated with socioeconomic status and is highest among children and young people living in the most deprived areas. The committee highlighted that children and young people with type 2 diabetes will have to live with their condition for between 20 and 50 years, compared to ~20 years for adults with type 2 diabetes. Type 2 diabetes in children and young people is a very aggressive form of the condition with high rates of associated comorbidities (including obesity, hypertension, fatty liver disease, and kidney disease) and it is

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important to optimise treatment in a timely manner in order to minimise complications over their lifetime. The key to optimising treatment is accurate blood glucose monitoring and the committee recognised that the time and effort needed to engage in capillary blood glucose monitoring can be substantial. Therefore, more tools to support children and young people with Type 2 diabetes to monitor their blood glucose levels are important to address this and improve compliance. The committee acknowledged that the evidence base for the effectiveness of CGM in children and young people with type 2 diabetes is limited, primarily due to the small number of children and young people with this condition but noted CGM's positive impact on other populations with diabetes. Therefore, in light of the stakeholder feedback, the health inequality issues raised and the known limited evidence base for CGM in children and young people with type 2 diabetes the committee agreed it was appropriate to consider the evidence from other populations with diabetes, particularly noting the evidence and recommendations in the Adult management of type 2 diabetes guideline (NG28). The committee agreed that CGM is not appropriate for every child or young person with type 2 diabetes because many will be able to maintain their blood glucose levels within target range on metformin monotherapy. However, they highlighted that there are a subset of the children and young people with type 2 diabetes on insulin therapy would benefit from CGM. Given the lack of evidence a consider recommendation was made for CGM for children and young people with type 2 diabetes on insulin therapy alongside education to support its use. An offer recommendation was made for children and young people with type 2 diabetes who have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot monitor their blood glucose by capillary blood glucose monitoring. As well as ensuring parity with adults with type 2 diabetes these recommendations will also ensure parity with children and young people with type 1 diabetes especially given the uncertainty in early diagnosis in distinguishing between diabetes types. Despite the positive recommendation for the use of CGM in children and young people with type 2 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 including monitoring uptake, identifying groups who have a lower uptake and making plans to engage with these groups to encourage uptake.

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?
Disability • A suggestion was made by stakeholders to acknowledge the needs of disabled children and young people with severe complex needs and those with autism spectrum disorder by cross referencing to the appropriate NICE guidelines. The committee considered this feedback and made a new recommendation outlining the importance of tailoring the timing, content and delivery of information to meet the needs of these groups. **Pregnancy** • It was suggested that information about pregnancy avoidance be included. This was considered to be outside the scope of this current guideline update. A cross reference was made to the NICE NG3 Diabetes in pregnancy: management from preconception to the postnatal period.

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 glucose lowering agents to manage blood glucose levels or continuous glucose monitoring.

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?
Despite the positive recommendation for the use of CGM in children and young people with type 2 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 including monitoring uptake, identifying groups who have a lower uptake and making plans to engage with these groups to encourage uptake. These new positive recommendations for CGM in this population were made after consultation by the committee to address NICE's obligations to advance equality.

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: 26/04/23

Approved by NICE quality assurance lead: Christine Carson

Date: 03/05/23