

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

**CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT –
SCOPING**

Clinical guideline: Diabetic foot problems: prevention and management of diabetic foot problems in people with diabetes

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 at the scoping stage of the guideline development 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 lists the equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guideline developer before scope sign-off, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope.

The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the National Collaborating Centre, the GDG Chair and stakeholders
- demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate
- highlight areas where the guideline may 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
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>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).</p>
<ul style="list-style-type: none">• Other <p>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:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline development. For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - if a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

No significant equality issues related to prevention and management strategies, assessment and investigation of diabetic foot problems and effectiveness of treatments for people at risk of or with existing diabetic foot have been identified at this point.

The scope highlights that although people of South Asian descent and people of African and African-Caribbean origin are more at risk of diabetes, there is no evidence that the prevalence of diabetic foot ulceration and amputation is higher in these subgroups than in the general population of people with diabetes in the UK.

However, amongst people with diabetes there are those with increased risk of developing diabetic foot. Foot examination and risk classification of foot problems amongst people with diabetes will be considered specifically in the development of the guideline and are listed in section 4.3.1b) and c) within the scope. The risk of foot problems in people with diabetes is increased, predominantly a result of either diabetic neuropathy (nerve damage or degeneration) or peripheral vascular disease (poor blood supply because of disease of the large and medium sized blood vessels in the legs) or a combination of the two.

The guideline development group (GDG) will be encouraged to consider how equality issues emerging from the proposed clinical areas to be covered by this guidance may impact upon different subgroups of people with diabetes.

It is likely that particular socio-economic groups amongst people with diabetes will be considered as *variation* in current practice within the UK does occur, suggested by variability across geographical regions in amputation rates. Variability in experience and access to diabetic foot services is also related to geography, local service provision and of healthcare professionals with expertise in the management of diabetic foot problems.

2. If there are exclusions listed in the scope (for example, populations, treatments or settings), are these justified?

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)

- Is the exclusion proportionate?

The scope for this guideline is inclusive and will cover all adults, young people and children with type 1 or type 2 diabetes who are risk of developing or have a diabetic foot problem. Subgroups identified by the GDG or which emerge within the evidence looked at for this guideline will also be considered.

In line with the remit for this guidance, the guideline will not consider those at risk of or with existing foot problems for adults, young people or children who are not diagnosed with type 1 or type 2 diabetes.

Inpatient management of children and young people with a diabetic foot problem has not been prioritised for update within this guideline, although existing recommendations on inpatient management of diabetic foot for adults aged 18 and over will be incorporated within this guideline update. This decision not to update this clinical area within this iteration of the guideline is proportionate based on the small numbers of children and young people who would require inpatient management for diabetic foot problems. It is also considered proportionate in view of the significant need to focus on prevention and management of diabetic foot problems outside of the inpatient setting. The hope is that if prevention of diabetic foot is improved amongst young people and children then development of diabetic foot problems and thus the need for any sort of inpatient management would be reduced and potentially eliminated.

3. Have relevant stakeholders been consulted?

- Have all relevant stakeholders, including those with an interest in equality issues been consulted?
- Have comments highlighting potential for discrimination or advancing equality been considered?

A stakeholder consultation took place from 17 April 2013 to 16 May 2013. Comments from this consultation have been considered by the Internal Clinical Guidelines team and NICE commissioning team.

No separate subgroups or groups with a particular equality characteristic have been stated in the population included within the scope. However, if the evidence highlights potential differences amongst population subgroups, the guideline development group will consider this and how this may impact on any recommendations they may wish to make.