NICE National Institute for Health and Care Excellence

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Diabetic Retinopathy: Management and monitoring

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? No 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.)
Not applicable

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 • Disability **People with learning disabilities** - Type 1 and Type 2 diabetes are more common in people with learning disabilities, this group is likely to have more difficulty managing their diabetes. Reports suggest they are 10 times more likely to experience serious sight loss than other people in the general population. There are possible barriers that may affect those with learning disabilities such as a general lack of awareness of the importance of eye screening, problems understanding and processing instructions, fear that the procedures will hurt, memory of previous poor experiences and needing to interact with strangers. • Gender reassignment No issues identified. • **Pregnancy and maternity** Pregnancy is a major risk factor for the progression of retinopathy and is associated with increased prevalence and severity of retinopathy compared to non-pregnant diabetic women. Women with type I diabetes are particularly vulnerable to ocular changes during pregnancy. • **Race/ Ethnicity** Ethnicity is considered a complex risk factor of diabetes. Type 2 diabetes is estimated to be three to four times more common in people of Asian and African–Caribbean origin compared to white Europeans. A UK study found that minority ethnic groups (both South Asians and African/Afro-Caribbeans) had increased odds of having retinopathy compared to their white counterparts. • Religion or belief No issues identified. • Sex The stakeholders emphasised that diabetic retinopathy outcomes are worse in white males who are socio-economically deprived. • Sexual orientation No issues identified.

- Socio-economic factors

  People from lower socio-economic backgrounds tend to have worse diabetic retinopathy outcomes.

Other definable characteristics:

- The stakeholders also identified a small number of patients who have progressing diabatic retinopathy following renal and pancreatic transplant. This may be attributed to patients not realising they still need diabetic retinopathy treatment even though management of their diabetes has changed as they no longer need insulin injections.

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

- The groups identified as having potential equality issues will be considered during guideline development as they may be at higher risk of poorer retinopathy outcomes and may need specific recommendations developed for them.
- The guideline will not cover diabetic eye screening because this is covered by the NHS Diabetic Eye Screening Programme.
- Following the scoping workshop, no groups relating to equalities issues were identified for exclusion.

Completed by Developer: Robby Richey/Jean Masanyero-Bennie

Date: 04 January 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 12 January 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 equality 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 to the scope following consultation.

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 following consultation.

Updated by Developer: Robby Richey

Date: 18 March 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 25 March 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 uptake of the national Diabetic Eye Screening Programme, and therefore the detection of diabetic retinopathy, is subject to significant variation with likely inequalities. Although this is outside the scope of this guideline, it will have an impact on the population to which this guideline is applied in practice. The potential equality issues noted below relate to the recommendations contained within the draft guideline. **Disability** People with learning disabilities • In the section on systemic treatments, the committee included a recommendation which highlights the importance of clinicians emphasising the benefits of good long-term control and management of their diabetes. This applies to all people and should help people to understand how good diabetes management can have a wider impact on a person's health, including in relation to diabetic retinopathy and vision loss. • The sections on treatments for people with proliferative diabetic retinopathy and diabetic macular oedema both have recommendations for clinicians to discuss the benefits and side effects of each treatment option. This means that the most appropriate treatment option should be chosen based on people's specific needs. **Pregnancy and maternity** • A link to the NICE guideline on diabetes in pregnancy was included in the recommendations on monitoring frequencies for non-proliferative diabetic retinopathy and for proliferative diabetic retinopathy. This guideline highlights the need for more frequent monitoring of diabetic retinopathy when people are pregnant, which

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
may reduce the consequences from any additional ocular changes that happen during pregnancy. **Race/Ethnicity** • The committee discussed how, as well as having increased odds of having retinopathy, people of South Asian and Afro-Caribbean descent may currently have more limited access to some treatments than other people. The NICE technology appraisals for the use of anti-VEGFs (ranibizumab, aflibercept, Faricimab and brolucizumab for diabetic macular oedema) recommend their use for people with central retinal thickness greater than 400 micrometres. However, people of South Asian and Afro-Caribbean descent tend to have thinner retinas than other people, meaning they have to wait longer until they can be offered this treatment. This can lead to progression of their macular oedema and associated complications, such as central vision loss. • Based on the clinical and cost-effectiveness evidence, the committee recommended that anti-VEGFs are considered for people who have diabetic macular oedema, poor vision and central retinal thickness less than 400 micrometres. . This should improve access to treatments and improve outcomes for these groups. • A research recommendation has been made specifically to establish the most effective treatments for people with thinner retinas. **Sex and socio-economic factors** • In the section on treatments for people with proliferative diabetic retinopathy, the committee recommended that people who have difficulty attending appointments are offered panretinal photocoagulation on the same day. In the section on treatments for people with diabetic macular oedema, the committee recommended that people can be offered an intravitreal dexamethasone implant (which requires fewer appointments) if they do not wish to continue with regular anti-VEGF injections. This will help people who are from lower socio-economic backgrounds and may have factors, such as

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
jobs with zero hours contracts, that mean they cannot easily attend additional appointments. • The committee also considered the costs associated with regular visits to the hospital and discussed how people who are from lower socio-economic backgrounds may be disadvantaged by this. **Other definable characteristics** The scope identified that people who have diabetic retinopathy following renal and pancreatic transplant may progress because they do not realise they still need diabetic retinopathy treatment after they no longer need insulin injections. • In the section on the effects of rapid blood glucose reduction, there is a recommendation that clinicians who are responsible for starting a treatment that will rapidly lower someone's blood glucose should notify the person's ophthalmologist. This means the person can have an early ophthalmic review and would provide an opportunity for the ophthalmologist to inform them about the importance of continuing with their retinopathy monitoring appointments. This group included in this recommendation will include people who are having a renal or pancreatic transplant.

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?
Pregnancy and maternity • The committee were aware that anti-VEGFs are contraindicated when pregnant and this was highlighted in the rationale of the guideline. A recommendation was included in the section on treatment strategies for diabetic macular oedema that highlighted that people should be offered steroid treatment if they cannot have non-corticosteroid therapy. This ensures that people who are pregnant can still be offered treatment for macular oedema, and will

not be at risk of experiencing the risks associated with progression while they are unable to have anti-VEGF treatment.

Sex

- In addition to people of South Asian and Afro-Caribbean descent, the committee highlighted that some women have thinner retinas and may therefore take longer to reach the 400 microns threshold for anti-VEGF treatment than other people. As stated in section 3.1 above, the committee recommended that people who have diabetic macular oedema and poor vision are offered anti-VEGFs regardless of central retinal thickness. This should improve access to treatments and improve outcomes for these groups. A recommendation was also included to highlight that some women may have thinner retinas.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
The committee's considerations of equality issues have been described in the rationale sections of the guideline and in the committee's discussion of the evidence in the evidence reviews.

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 uptake of the national Diabetic Eye Screening Programme, and therefore the detection of diabetic retinopathy, is subject to significant variation with likely inequalities that will have an impact on the population to which this guideline is applied in practice. However, the recommendations within this guideline are not expected to make it more difficult for any specific group to access services.

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?
These recommendations are not expected to make it more difficult for any specific group to access services.

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?
These recommendations are not expected to introduce any barriers to accessing services.

Completed by Developer: Clare Dadswell, Senior Technical Adviser, GDT-B

Date: 07 July 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 11 August 2023

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?
No additional equality issues were raised during the consultation.

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?
None of the changes to recommendations are expected to make it more difficult for people from a specific group to access services compared with 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?
None of the changes to the recommendations are expected to have an adverse impact on people with disabilities.

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?
The committee did not think that any of the changes to the recommendations would cause additional barriers or limit access to services.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?
The equality issues have been discussed in the rationale sections of the guideline and in the relevant evidence reviews.

Updated by Developer: Clare Dadswell

Date: 09 November 2023

Approved by NICE quality assurance lead: Catrina Charlton

Date: 09 January 2024