

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Type 2 diabetes: management of type 2 diabetes in adults (update)

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

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?

People in specific ethnic groups

There was no scoping process for this update, however the committee identified people in specific ethnic groups as needing particular consideration in relation to equalities. The incidence of micro and macrovascular complications of chronic kidney disease and type 2 diabetes is known to vary between ethnicity. It is therefore important that evidence is representative of the UK population.

No recommendations were made for people in specific ethnic groups, however, the committee discussed the racial and ethnic populations in the included trials. All the trials were conducted in multiple countries and often across different continents. Caucasian participants made up the majority of the studied populations in all trials with much smaller percentages of Black and Asian participants. These percentages may be approximately representative of the ethnicities of the populations in the countries the participants were recruited from, but the committee noted that in the UK a higher proportion of people from the Asian and Black communities may have a predisposition to type 2 diabetes, and that as a result they are likely to be underrepresented in the trials. This was a consideration when the committee were making their recommendations, but they decided that this evidence was still generalisable to the UK.

A research recommendation was made to assess the effectiveness of SGLT2 inhibitors for people with type 2 diabetes and chronic kidney disease, stratified

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across ethnicity. This was because it is known that the incidence of micro and macrovascular complications of chronic kidney disease and type 2 diabetes varies between ethnic groups. It is possible that different ethnic groups may benefit differently from SGLT2 inhibitors, but not evidence was found on this in the evidence review.

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 equality issues were identified in relation to this update.

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 are described in the evidence review, in particular in the benefits and harms section of the discussion.

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 committee agreed that none of the recommendations should make it more difficult for any of the groups identified above 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?

No, people with disabilities should be able to access all services for the treatment of type 2 diabetes in line with legal requirements about accessible services.

When offering drug treatments to adults with type 2 diabetes, there should be a discussion about the benefits and risks of these treatments and the options available. These benefits and risks are included in the recommendation which takes into account the person's individual clinical circumstances, individual preferences and needs.

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?

No.

Completed by Developer: Susan Spiers, Associate Director

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Approved by NICE quality assurance lead: Christine Carson, Programme Director

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