NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Type 2 diabetes in adults

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

People from some minority ethnic groups, such as those from a black family background or an Asian family background have a higher prevalence of diabetes and are diagnosed at a younger age than people from a white family background. People from a black family background may also have higher prevalence of risk factors, such as hypertension and people from a South Asian family background are at risk of diabetes at a lower BMI ([Diabetes statistics](https://www.diabetes.org.uk/professionals/position-statements-reports/statistics?msclkid=2509405fcfb111ecaaa81dc37c343914), Diabetes UK 2022). People with a learning disability may be at higher risk of developing type 2 diabetes, and at an earlier age, than the general population due to higher rates of obesity or reduced physical activity and prescriptions of some medications ([NHS RightCare pathway: diabetes](https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/11/rightcare-pathway-diabetes-reasonable-adjustments-learning-disability-2.pdf), NHS England 2017). People from more deprived backgrounds face greater challenges in making healthy lifestyle choice ([Health matters: preventing type 2 diabetes](https://www.gov.uk/government/publications/health-matters-preventing-type-2-diabetes/health-matters-preventing-type-2-diabetes?msclkid=b6139baacfbc11ec94df9c59576d612e), Public Health England 2018).

Some population groups may face difficulty in accessing some lifestyle programmes for the prevention of type 2 diabetes, for example, people with a physical or learning disability or people in contact with the criminal justice system.

Treatment of type 2 diabetes in older people or those who are frailer may vary. An individualised approach to treatment should be adopted for people with type 2 diabetes and age as well as accessibility needs considered when planning care.

People from lower socio-economic backgrounds may experience difficulty in using some diabetes monitoring devices as they may require access to higher cost technologies such as smart-phones and computers.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Children and young people with type 2 diabetes and women with type 2 diabetes who are pregnant or planning to become pregnant are excluded from the quality standard. NICE quality standards for [diabetes in children and young people](https://www.nice.org.uk/guidance/qs125) and [diabetes in pregnancy](https://www.nice.org.uk/guidance/qs109) cover these populations.

Completed by lead technical analyst: Charlotte Fairclough

Date: 09 / 05 / 2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 17 / 05 / 2022

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The QSAC noted potential inequalities in diabetes care associated with cultural differences and socioeconomic factors. Comments from stakeholders at topic engagement highlighted that health inequalities such as those due to socioeconomic factors could be tackled through tailored education and that addressing issues around access to care such as varying appointment times and types of appointment could also help to reduce some health inequalities.

Statements 1 and 2 in the draft QS on educational programmes for adults at high risk of type 2 diabetes and those with type 2 diabetes include equality and diversity considerations to allow for programmes to meet the needs of the local area and individual preferences, including cultural needs. Considerations have also been included for information provision to meet the preferences of the person, including those who do not speak or read English, and to make the information culturally appropriate. Statements 1, 2 and 3 in the draft QS sets out the way the statement measures can be used to focus on dimensions of equality, including socio-economic background.

Comments from stakeholders at topic engagement suggested that access to continuous glucose monitoring for eligible patients could help to tackle health inequalities. The QSAC advised that continuous glucose monitoring has a low uptake rate in people with a learning disability and other vulnerable groups. Statement 3 in the draft QS aims to address use of the technology in adults with a learning disability or cognitive impairment, and adults who would need help to monitor their blood glucose.

Statements 1, 2 and 3 in the quality standard includes information on how services could use measures to focus on dimensions of health inequality, for example by reporting data grouped by ethnicity or indices of deprivation.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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?

Draft statement 3 aims to increase uptake of continuous glucose monitoring in adults with a learning disability or cognitive impairment, and adults who would need help to monitor their blood glucose. NICE additionally recommends the technology for adults with type 2 diabetes on multiple insulin injections, not limited to the population in the draft statement. The statement intends to increase uptake in vulnerable populations to address health inequalities.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

### 2.5 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 questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

No.

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