**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE Centre for Guidelines**

**Indicator development programme**

**Equality and health inequalities assessment (EHIA)**

# IND275 Diabetes: lipid-lowering therapies for primary prevention of CVD (40 years and over)

The considerations and potential impact on equality and health inequalities have been considered throughout the indicator development, process according to the principles of the NICE equality policy and those outlined in [Indicators process guide](https://www.nice.org.uk/standards-and-indicators/indicators#how-we-develop-indicators).

# STAGE 1. Consultation

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| * 1. What approaches have been used to identify potential equality and health inequalities issues during indicator development?
 |
| Identified relevant issues from the committee discussion for the original indicator IND183. |

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| * 1. What potential equality and health inequalities issues have been identified during indicator development?
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| There was concern during development that there was limited evidence on the benefits or risks of statins for older people with moderate or severe frailty. People with diabetes and more complex care needs may be at risk of overtreatment. A focus on primary prevention of cardiovascular disease in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care. |

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| * 1. How have the committee’s considerations of equality and health inequalities issues identified in 1.2 been reflected in the indicator?
 |
| It was agreed to exclude people with moderate or severe frailty from the denominator. |

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| * 1. Could any indicators potentially increase inequalities?
 |
| The indicator should not increase inequalities. |

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| * 1. Based on the equality and health inequalities issues identified in 1.2 do you have representation from relevant stakeholder groups for the indicator consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?
 |
| Relevant groups were invited to respond to consultation.  |

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| * 1. Has it been proposed to exclude any population groups from coverage by the indicator? If yes, could these exclusions further impact on people affected by any equality and health inequalities issues identified?
 |
| People with diagnosed cardiovascular disease were excluded because secondary prevention for people with diabetes is covered in another indicator (IND276).Patients with type 2 diabetes and a cardiovascular disease risk score of less than 10% recorded in the preceding 3 years were excluded because lipid-lowering therapy may not be needed.The original indicator (IND183) excluded people with a diagnosis of familial hypercholesterolemia and those with unresolved stage 3 to 5 chronic kidney disease (CKD) because separate indicators were in development. |

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| * 1. What questions will you ask at the stakeholder consultation about the impact of the indicator on equality and health inequalities?
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| No specific questions were included at consultation. |

Completed by lead analyst: Melanie Carr

Date: 15/10/24

Approved by NICE quality assurance lead: Craig Grime

Date*:* 21/10/2024

# STAGE 2. Final indicator

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| * 1. How inclusive was the consultation process on the draft indicator in terms of response from groups (identified in box 1.2) who may experience inequalities related to the topic?
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| A total of 12 stakeholders responded to the consultation question about the primary prevention indicator for people with diabetes in 2018 including service providers, national organisations, professional bodies and others. Stakeholders that responded included patient groups. |

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| * 1. Have any **further** equality and health inequalities issues beyond those identified at topic engagement and during development been raised during the consultation on the draft indicator, and, if so, how has the committee considered and addressed them?
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| The original indicator was focussed on statin treatment, but some people will take other lipid lowering therapies because statins are contraindicated or not tolerated so the indicator has been broadened following publication to include all relevant lipid-lowering therapies.People with familial hypercholesterolemia and unresolved chronic kidney disease (CKD) 3 to 5 not superseded by a chronic kidney disease (CKD) 1 to 2 diagnosis are no longer excluded from this indicator as the NICE guidelines support their inclusion. |

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| * 1. If the indicator has changed after consultation, how could these changes impact on equality and health inequalities issues?
 |
| No further changes have been made. |

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| * 1. Following the consultation on the draft indicator and response to question 3.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final indicator?
 |
| No further issues have been identified.  |

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| * 1. Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final indicator.
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| No issues need to be highlighted to GE. |

Completed by lead analyst: Melanie Carr

Date: 15/10/24

Approved by NICE quality assurance lead: Craig Grime

Date: 21/10/2024

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