

Equality Impact Assessment (EQIA)

February 2023

Name (policy/ procedure/ practice/ function)	SIGN Guideline on prevention, and early management and treatment of type 2 diabetes
Directorate	Evidence
Team	SIGN
EQIA Lead	Catriona Vernal
Responsible Manager	Roberta James
Date	3 February 2023

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1. Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the [Public Sector Equality Duty](#) to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the [Equality Act 2010](#).
- Advance equality of opportunity between people who share a [protected characteristic](#) and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the [Fairer Scotland Duty](#) by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- If the work will have a specific impact or relevance for children up to the age of 18, its impact on [children's human rights and wellbeing](#) should be independently assessed.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- If the work is relevant to islands communities as well as mainland communities, any specific [impacts on islands communities](#) should be assessed.

This template is designed to guide teams through assessing the impact of their work. A team should begin this assessment as soon as they start planning a new piece of work or revising an existing piece of work. A team might use this template solely as a planning tool, or keep it as a live document to review and update as the work progresses.

2. EQIA overview

Use this section to provide details about the status (**new or existing**) of the work (which could be policy/practice/procedure/function) and provide an outline of the proposal including **aims** and **outcomes**. Please note all tables within this template are expandable.

Status	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>
Aim(s) Intended Outcome(s)	<p>To develop evidence-based guidance to improve practice in preventing type 2 diabetes and managing and treating people recently diagnosed with type 2 diabetes.</p> <p>To support health boards in Scotland to offer equitable access to the best evidence-based care for people with type 2 diabetes.</p>	

Is there specific relevance for children and young people?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are island communities included in the work?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

3. Advancing equality


Provide details of how you think the work might impact **positively, negatively** or **neutrally** on people who share the characteristics listed below. This is about your judgement – you do not need to identify a positive, negative *and* neutral impact for every characteristic.

We are aiming to ensure we do not cause discrimination or miss an opportunity to ensure the diversity of intended beneficiaries enjoy the outcomes equitably.


It will be helpful to consider things like potential access issues, health inequalities or past experiences of discrimination that could be relevant to communities and that we can respond to / demonstrate awareness of somehow.


It will also be helpful to think about human rights and whether these will be impacted for any group. Our rights are described in the [Human Rights Act](#). Some groups are also protected by specific conventions, which are highlighted for your information in the relevant sections below.

There is no word count – you should include the information you think is relevant and proportionate. Please ensure the information you use is evidence based (e.g. articles, reports, engagement results, previous work). There is space at section 8 for you to record the evidence sources you use in your assessment. If you need a starting point for relevant equality-focussed evidence, see our Grey Literature Resource on the Equality and Diversity page.


 <p>Age</p>	<p>Think about people from different age groups. Will the work affect specific age groups, including in particular ways?</p> <p>If children are specifically affected, use a Children’s Rights and Wellbeing Impact Assessment to provide more information.</p> <p>Convention on the Rights of the Child</p>
<p>Positive impact</p>	
<p>Negative impact</p>	<p>Early-onset type 2 diabetes occurring in childhood or early adulthood (under 40 years old) carries a significant excess burden of microvascular diabetes complications, cardiovascular disease and reduced life expectancy, along with adverse pregnancy outcomes in women of child-</p>


	<p>bearing age, compared with later onset type 2 diabetes. Among individuals under 40 living with type 2 diabetes, people from minority ethnicities and those in the most socioeconomically deprived quintiles are over-represented (Misra et al 2022; Goff 2019).</p> <p>Consider perceived upper age limit to treatment for prediabetes.</p>
Neutral impact	Children are not included in the scope of this guideline.


 Care Experience	<p>Think about children and young people up to the age of 26 who have experience of being in care. Care can include foster care/supported care, kinship care, residential care, or being looked after at home with the support of a supervision order.</p> <p>Healthcare Improvement Scotland is named as a corporate parent under the Children and Young People (Scotland) Act 2014. You can find information and working examples of what this means for us in our Children’s Rights Report or by speaking to a member of our Children and Young People Working Group about our Corporate Parenting Action Plan.</p>
Positive impact	
Negative impact	<p>No specific evidence identified, but lack of social or family support is associated with increased risk of developing type 2 diabetes (see sections on age, race, marriage and sexual orientation).</p> <p>Trauma and adverse childhood experience increase the risk of developing type 2 diabetes and obesity</p>
Neutral impact	


 Disability	<p>Think about people with sensory impairments, communication difficulties, learning disabilities, physical impairments, sensory impairments like sight or hearing loss, energy impairments, autism spectrum disorder, mental health conditions and cancer. Think also about Deaf users of British Sign Language. You might also consider unpaid carers here.</p> <p>Convention on the Rights of Person with Disabilities</p>
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Positive impact	
Negative	<p>Those living with learning disabilities are more at risk of developing type 2 diabetes.</p> <p>Those with severe and enduring mental health conditions requiring medications that increase diabetes risk are more at risk of developing type 2 diabetes.</p> <p>Type 2 diabetes is a common comorbidity in people with a psychiatric disorder (Lindekilde 2022).</p>
Neutral impact	


 Gender Reassignment	Think about trans / transgender people - anyone whose gender does not match the sex they were assigned at birth.
Positive impact	
Negative impact	
Neutral impact	<p>Some research (Moverley et al., 2021) about the specific clinical considerations for trans people regarding type 2 diabetes indicates there is a level of uncertainty in care and risk</p> <p>Limited evidence base, have awareness of unproven theories about hormonal treatment impacting type 2 diabetes risk due to changes to body fat.</p>


 Marriage & Civil Partnership	Are there any implications for people who are married or in a civil partnership?
Positive impact	
Negative impact	<p>Because of the protective health aspects of marriage, there is an increased risk of developing type 2 diabetes among unmarried men and widowed or divorced individuals. (Pinchevsky et al. 2020)</p>
Neutral impact	

 Pregnancy & Maternity	Think about people who are pregnant, breast-feeding or who recently gave birth.
Positive impact	
Negative impact	Women with previous gestational diabetes in pregnancy are more at risk of developing type 2 diabetes.
Neutral impact	


 Race	<p>Think about people from the diversity of minority ethnic communities. This includes gypsy/travelers. Are there health inequalities or access barriers that should be considered and addressed?</p> <p>Convention on the Elimination of all forms of Racial Discrimination</p>
Positive impact	
Negative impact	<p>Racial minorities face barriers in accessing healthcare in general, due to historic and ongoing discrimination from healthcare professionals leading to greater distrust of health services among these groups (Hamed et al., 2022). One review showed that ‘self-reported ethnic discrimination was associated with approx 50% lower probability of receiving an A1C test, foot exam or blood pressure test’ (Wilson et al., 2011).</p> <p>Among minority ethnic communities, the prevalence of type 2 diabetes is approximately three to five times higher than in the white British population and a significant proportion of cases are diagnosed before the age of 40 years (Goff 2019).</p> <p>People from South and East Asian and Black African Caribbean populations are more at risk of developing type 2 diabetes than the white Scottish population (Pinchevsky et al 2020).</p>
Neutral impact	


 Religion or Belief	<p>Think about people who follow particular religions, or none. For example: Judaism, Islam, Sikhism, Christianity etc. Are there particular beliefs or practices that are assumed or that may be impacted?</p>
Positive impact	
Negative impact	<p>Fasting during Ramadan has implications for the management of type 2 diabetes among Muslims (Hassanein 2021; Ahmed et al 2020).</p>
Neutral impact	

 Sex	<p>Think about any differences for women compared to men, or vice versa.</p> <p>Convention on the Elimination of all forms of Discrimination Against Women</p>
Positive impact	
Negative impact	<p>More women are referred to and access weight management/lifestyle interventions, but type 2 diabetes and prediabetes affects men just as much. The reasons for this inequity are not well understood.</p> <p>Men are more likely to be diagnosed with type 2 diabetes at an earlier age and with a lower BMI, whereas obesity, a strong risk factor for type 2 diabetes, is more commonly found in women upon diagnosis (Pinchevsky et al 2020).</p>
Neutral impact	

 Sexual Orientation	<p>Think about people who are lesbian, gay or bi or who have another minority sexual orientation (e.g. are not heterosexual / straight). Are there health inequalities or access barriers that should be considered and addressed?</p>
Positive impact	
Negative impact	<p>Sexual minorities face barriers in accessing healthcare in general, due to historic and ongoing discrimination from healthcare professionals leading to greater distrust of</p>

	health services among these groups (Medina-Martinez et al., 2021).
Neutral impact	No specific evidence identified, but there is some evidence that chronic viral infections such as hepatitis B and HIV may predispose to the development of type 2 diabetes (Dunachie et al 2019).




 Socio-economic	Think about people living on low incomes and / or in deprived areas. Consider this as a cross-cutting issue since people from some protected characteristic groups are more likely than the general population to experience poverty.
Positive impact	
Negative impact	<p>Minority ethnic groups and disabled people are more likely than the general population to experience poverty.</p> <p>Obesity, physical inactivity and an unhealthy diet are associated with deprivation. People in social class V (unskilled manual) are three and a half times more likely to be ill as a result of the complications of diabetes than those in social class I (professional). Moreover, short-term mortality risk from type 2 diabetes is higher among those living in more deprived areas. All these factors are inextricably linked to the risk of diabetes or the risk of serious complications for those already diagnosed (Scottish Government, 2018).</p> <p>Those in the prison system more at risk of developing type 2 diabetes because of a complex combination of risk factors, including age, race, higher levels of smoking, drug and alcohol use, and increased dietary risk factors (Scottish Government, 2022a).</p>
Neutral impact	










 Island communities	Think about people living on the Scottish islands. Does the work cover the islands as well as the mainland? What might be different for island communities?
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Positive impact	
Negative impact	Consider equity of access in remote and rural areas; digital services; areas of deprivation (Scottish Government, 2022b)
Neutral impact	

4. Overcoming negative impacts

Where it has been identified that the work has potential to adversely affect people who share one of the characteristics noted, or you think there are certain things you will need to do to ensure all relevant groups benefit equitably, provide details of what you will do to improve outcomes.




Protected characteristic		Actions	Person responsible
All characteristics		The guideline will address approaches for the prevention of type 2 diabetes and treatment and management of those recently diagnosed with type 2 diabetes. Remit to consider risk factors identified in section 3, to support identification of people at risk of developing type 2 diabetes.	Guideline development group
	Age	Consider age as a risk factor.	Guideline development group
	Care experience		
	Disability	Consider the impact of disabilities when making recommendations.	Guideline development group






Protected characteristic		Actions	Person responsible
	Gender reassignment		
	Marriage/civil partnership		
	Pregnancy and maternity		
	Race	<p>Consider the needs of different ethnic minority groups when making recommendations, and developing further information for patients.</p> <p>Consider lowering thresholds for risk screening to acknowledge the additional risk.</p>	<p>Guideline development group</p> <p>Patient Involvement Officer</p>
	Religion or belief	<p>Consider management issues related to Ramadan fasting when making recommendations.</p>	<p>Guideline development group</p>
	Sex	<p>Consider the inequity of service access between men and women when making recommendations, and consider implications for implementation.</p>	<p>Guideline development group</p>
	Sexual orientation		
	Socio-economic	<p>Socioeconomic factors to be considered as risk factors.</p>	<p>Guideline development group</p>
	Island communities	<p>Consider impact/practicalities of support, service delivery and attendance at appointments for people living in rural or island communities when making recommendations.</p>	<p>Guideline development group</p>








5. Impact rating

Considering what you said in sections 3 and 4, provide an impact rating based on the degree to which the work may negatively impact on people who share one of the noted characteristics.

Impact Rating Key

- 
Low
 There is little or no evidence that some people are (or could be) differently affected by the work.
- 
Medium
 There is some evidence that people are (or could be) differently affected by the work.
- 
High
 There is substantial evidence that people are (or could be) differently affected by the work.

Protected Characteristic		Low	Medium	High
	Age			
	Care Experience			
	Disability			
	Gender reassignment			
	Marriage/Civil Partnership			

Protected Characteristic		Low	Medium	High
	Pregnancy & Maternity			
	Race			
	Religion or Belief			
	Sex			
	Sexual Orientation			
	Socio-economic			
	Island communities			

6. Stakeholder collaboration

Provide details of stakeholder collaboration and consultation.

Our [Public Involvement Team](#) can help you identify relevant national or local groups.

Name and job title	Organisation / Team	Contact details
Alison Grant, Engagement Manager	Diabetes Scotland	Member of the guideline development group

7. Monitor and review

Regular reviews ensure that policy, procedure and practice is kept up to date, and meets the requirements of current equality legislation. Where a negative impact has been identified and remedial actions are being implemented, the person leading the work should define a timescale for review.


Identified issue	Person responsible	Review date

8. Evidence and research

Please detail the evidence you used as part of this assessment. This will help others understand what you have considered. You might use journal articles, reports / resources from organisations or testimony from people you have engaged in the work. You can attach lists if this is helpful.

Have you linked in with the [Knowledge Management Team](#) in the Evidence Directorate or the [EEvIT team](#) in the ihub? Have you looked at our Guide to Grey Literature? This signposts reputable sources of equality-focused data that are publically available.

Please only list or attach information that was used in this assessment.

Evidence & Research	
<p>Ahmed et al. (2020) Ramadan and Diabetes: A Narrative Review and Practice Update. <i>Diabetes Therapy</i> 11: 2477-2520.</p> <p>Dunachie S and Chamnan P (2019) The double burden of diabetes and global infection in low and middle-income countries. <i>Transactions of the Royal Society of Tropical Medicine and Hygiene</i> 113: 56–64.</p> <p>Goff L M (2019) Ethnicity and Type 2 diabetes in the UK. <i>Diabetic Medicine</i> 36: 927–938.</p> <p>Hamed, S., Bradby, H., Ahlberg, B.M. and Thapar-Bjorkert, S. (2022) Racism in healthcare: a scoping review. <i>BMC Public Health</i> 22: 988.</p> <p>Hassanein, M. M., Hanif, W., Malek, R., Jabbar, A. (2021) Changes in fasting patterns during Ramadan, and associated clinical outcomes in adults with type 2 diabetes: A narrative review of epidemiological studies over the last 20 years. <i>Diabetes Research and Clinical Practice</i> Vol. 172.</p> <p>Lindekilde N, Scheuer, S. H., Rutters, F. (2022) Prevalence of type 2 diabetes in psychiatric disorders: an umbrella review with meta-analysis of 245 observational studies from 32 systematic reviews. <i>Diabetologia</i> 65: 440–456.</p> <p>Medina-Martinez, J., Saus-Ortega, C., Sanchez-Lorente, M.M., et al. (2021) Health inequities in LGBT people and nursing interventions to reduce them: a systematic review. <i>International Journal of Environmental Research and Public Health</i> 18: 11801.</p> <p>Misra S, Gable, D., Khunti, K. et al (2022) Developing services to support the delivery of care to people with early-onset type 2 diabetes. <i>Diabetic Medicine</i> 39: e14927.</p>	

<p>Moverley, J., Loebner, S., Carmona, B., Vuu, D. (2021) Considerations for transgender people with diabetes. <i>Clinical Diabetes</i> 39: 389–396.</p> <p>Pinchevsky, Y., Butkow, N., Raal, F. J., Chirwa, T., Rothberg, A. (2020) Demographic and clinical factors associated with development of type 2 diabetes: A review of the literature. <i>International Journal of General Medicine</i> 13: 121–129.</p> <p>Scottish Government (2018) A Healthier Future: type 2 Diabetes prevention, early detection and intervention: framework. Available at: https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/</p> <p>Scottish Government (2022a) Prison population: physical health care needs. Available at: https://www.gov.scot/publications/understanding-physical-health-care-needs-scotlands-prison-population/pages/4/#:~:text=(2021)%20used%20data%20from%20diabetes,among%20those%20over%2050%20years</p> <p>Scottish Government (2022b) National Islands Plan: annual report 2021. Available at: https://www.gov.scot/publications/national-islands-plan-annual-report-2021</p> <p>Wilson, C., Alam, R., Latif, S., et al. (2011) Patient access to healthcare services and optimization of self-management for ethnic minority populations living with diabetes: a systematic review. <i>Health and Social Care in the Community</i> 20: 1–19.</p>	

9. EQIA sign off

Please ensure you retain a copy of the EQIA for your records and notify the Public



Involvement Team that the assessment is complete.

his.contactpublicinvolvement@nhs.scot



If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact: rosie.tyler-greig@nhs.scot

Project Lead	
Sign-Off Date	

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Please contact our Equality and Diversity Advisor on 0141 225 6999
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