

# Latest news: NICE recommendations on type 2 diabetes treatment and weight loss, and achieving equity in diabetes

Stay abreast of the latest news that could impact diabetes nursing.

## NICE recommends overhaul of type 2 diabetes treatment

Under new draft guidance from NICE, treatment for people living with type 2 diabetes will move away from a “one-size-fits-all” approach. Instead, it recommends personalised treatment plans that aim to prevent serious complications, aligning with one of the aims of the *10-Year Health Plan* for the NHS.

Because of their cardiorenal protective benefits, NICE’s independent guideline committee now recommends offering an SGLT2 inhibitor as first-line treatment for adults alongside metformin at diagnosis, even when there are no significant comorbidities. If metformin is not tolerated or is contraindicated, an SGLT2 inhibitor can be offered as monotherapy.

Additionally, for people with type 2 diabetes and atherosclerotic cardiovascular disease, or for adults with early onset type 2 diabetes, the introduction of a GLP-1 receptor agonist is recommended as an option earlier in the treatment pathway.

NICE states that offering treatments that will reduce people’s future risk of ill health is a smarter way for the NHS to spend money. It also believes that the recommendations will help tackle health inequity, citing evidence that SGLT2 inhibitors are under-prescribed to women, older people, and Black or Black British individuals.

There are also special recommendations for adults with frailty and for those who do better with fewer medications. For these

people, metformin would be offered or, if that was unsuitable, a DPP-4 inhibitor could be considered.

The draft guideline, which is open for consultation until Thursday 2 October, can be read [here](#).

## Monitoring after weight-loss treatment recommended by NICE

NICE has set its expectations for healthcare providers in England and Wales to provide ongoing support for people after they complete weight management treatment. The guidance is contained in its updated *Overweight and obesity management* quality standard (QS212).

Approximately one in three people in the UK live with obesity. As a leading cause of long-term conditions, the Government estimates that it costs the NHS £11.4 bn annually, with wider societal costs estimated to be £74.3 bn annually.

Obesity management is rapidly evolving, with weight-loss drugs, such as semaglutide and tirzepatide, increasingly becoming available on the NHS to those with the greatest need. Approximately 240 000 people are expected to be offered tirzepatide over the next three years. Research shows, however, that many will regain weight after stopping treatment, if they do not receive the right help.

The guidance highlights continuity of care, the importance of helping people build long-term behavioural habits, the use of self-monitoring tools and drawing on wider support. Healthcare teams should

offer people follow-up support for at least a year after completion of a weight-management programme or coming off medication.

This support should include providing ongoing advice and tailored action plans, which could cover regular check-ins and practical strategies to support sustainable routines, social support and accessing community help. This might include online access to the NHS Better Health platform, working with a healthcare professional (such as a dietitian or nutritionist) to produce an action plan that can easily be put into practice if changes are not being maintained, and signposting to local peer support (such as keep-fit or walking groups).

Healthcare providers and commissioners are expected to begin rolling out the standard immediately. Organisations are encouraged to use the resource impact guidance supplied by NICE alongside the standard.

You can access the full quality standard [here](#).

## Plan for achieving equity in diabetes

On 11 July, Diabetes UK published its new five-year strategy to address health inequities in diabetes care. *No One Left Behind: Achieving Equity in Diabetes (2025–2030)* sets out clear actions, measurable targets and a commitment to tailored solutions to ensure that people from all backgrounds have access to high-quality diabetes care.

While acknowledging that progress has been made in closing some gaps in care and widening access to diabetes technology, the report states that people from many ethnic groups, people living in the most deprived areas and people from vulnerable groups still face unfairness. It cites a disproportionately high risk of developing type 2 diabetes, poorer access to treatment, often without full access to the care, technology and support that they need.

As examples, the report cites that some groups are much more likely to develop type 2 diabetes at a younger age, experience complications, receive less effective care

and struggle to access the tools and support they need.

Diabetes UK's new five-year strategy focuses on five priority actions:

- Improve support for communities affected by diabetes inequities.
- Build better evidence around diabetes inequities and ensure that research benefits all.
- Advocate for equitable changes that tackle the root causes.
- Work with the NHS and other organisations to drive improvements.
- Lead by example as a diverse and inclusive organisation.

The charity has pledged to work in partnership across sectors and with trusted community organisations and leaders to produce solutions with the communities most affected to help deliver the aims of the strategy.

The full report can be accessed [here](#).

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