

Welcoming change: a look at the new NICE type 2 diabetes guidelines

Welcome to the first editorial of 2026 – and my first editorial as Editor-in-Chief for the *Journal of Diabetes Nursing*! I hope everyone had an enjoyable festive season, some rest and time for reflection on the year gone by.

Although I am excited about this role and communicating with you all, I am also a little apprehensive. Firstly, because I am taking the reins from the amazing Su Down – friend, colleague and Editor-in-Chief for eight years. I always looked forward to reading the journal, but especially Su’s editorials, which never failed to capture the thoughts, fears and anticipations of our readership. Her insight into the challenges we face was remarkable, and her reflections insightful. I will remain forever grateful for her “musings” (in Su’s usual understated manner) throughout her time as Editor-in-Chief.

Secondly, I am also a little nervous, as writing for publications does not come naturally to me. However, I hope that the fact that I am doing this will provide some inspiration to others who are also a little unsure about putting pen to paper, and I hope they consider writing about their work, opinions or innovations, of which I am sure there are many.

After reading Su’s last [editorial](#), I also felt saddened that the targets set out for reducing complications and improving outcomes for people with diabetes over the past four decades have not been reached. At the same time, the advances in technology, medications and approaches to prevention, remission or delayed onset that Su outlined provide me with hope.

With so much innovation happening across the field of diabetes, deciding what to highlight in this first editorial was a challenge? However, the highly anticipated [NICE guidelines](#) on the management of type 2 diabetes in adults demand attention. They represent the biggest “shake-up” in diabetes care for

a decade, marking a shift from a “one-size-fits-all” approach to personalised, cardiorenal-protective management. The changes also align NICE guidance more closely with the recommendations of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) guidelines.

Shift towards personalised care

The move towards a more personalised management and treatment philosophy can be seen in several ways. Firstly, there is an emphasis on moving beyond solely glucose control and the measurement of HbA_{1c} to a focus on the long-term prevention of complications. This aligns with the NHS’s *10 Year Health Plan for England*, which similarly changes the focus from treatment to prevention. I believe this has long been the philosophy of most people working within diabetes care, but it is great to see it embedded in the new guidelines.

Secondly, there will be changes in initial treatment, with SGLT2 inhibitors proposed to move into first-line therapy and to be offered alongside metformin at diagnosis.

The guidelines also recommend the earlier introduction of GLP-1 receptor agonists for people with cardiovascular disease or obesity. Increasing accessibility to newer treatments for the many people who would benefit from them is a very positive step forward.

Inequalities in care, and clinical and economic impact

We would not be working in the NHS if economic impact was not considered alongside clinical impact. It is estimated that achieving 90% uptake of the new joint first-line treatment recommendations for SGLT2 inhibitors and metformin could save up to 22 000 lives a year (NICE, 2025). In my view, that is a staggering figure.

It is also suggested that the new guidelines will



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help address inequalities in treatment. NICE data show that SGLT2 inhibitors are under-prescribed to women, older people and Black or Black British individuals. The new recommendations aim to address these inequalities.

Although the newer agents have higher up-front costs, the guidelines emphasise that preventing cardiovascular and renal complications is ultimately more cost-effective for the NHS. I am sure this will still be challenging, given the ongoing pressures on NHS budgets and resources. However, the recommendation to include these newer, more costly treatments acknowledges the potential long-term benefits and will break down some barriers to their current use.

Implementation challenges for primary care

I think we can all accept that the bulk of the new NICE type 2 diabetes guidelines will be delivered within primary care. With increased prescribing for our community colleagues, and the need for discussions and education for people with type 2 diabetes about the potential benefits and side effects of their medication, the workload is likely to rise. In the case of SGLT2 inhibitors, this will include teaching patients about diabetic ketoacidosis risk, sick-day rules and the importance of hydration. Practice nurses, especially those who

are independent prescribers, will undoubtedly face additional pressure.

Summary

The new NICE guidelines are broadly to be welcomed for their emphasis on personalised management, accessibility to newer treatments, improvements to long-term health outcomes and the modernising of care. They may, however, present significant challenges relating to costs, impact on healthcare professionals' time and the need to manage medication side effects. It will be interesting to see how they are adopted in practice and whether they have the impact intended. Watch this space!

As I draw this first editorial to a close, although the focus has been on the much-awaited new NICE guidelines for adults with type 2 diabetes, there are many exciting innovations and developments that we will cover in future issues. Not least of these is the use of immunotherapy in type 1 diabetes, which Su alluded to in her last editorial. Please consider putting pen to paper and do not be afraid of writing for publication. We all learn from each other, and what better way to share innovation than through the pages of this journal? ■

NICE (2025) *Biggest shake-up in type 2 diabetes care in a decade announced*. NICE, London. Available at: <https://bit.ly/3Mgtf2T> (11.02.26)