

# An improvement process to improve access to SCS for patients with painful diabetic neuropathy

Harry Soar MBChB FRCA PGCert, Will Snook BSc (Hons), Sheila Black MBChB FRCA FFPMRCA

#### Introduction

Almost 425 million people worldwide have diabetes mellitus.<sup>1</sup> The most frequent complication, diabetic sensorimotor polyneuropathy (DSP), affects up to 50% of diabetic individuals, with between 30% and 50% of those developing painful diabetic neuropathy (PDN).<sup>2,3</sup> For patients with severe pain refractory to conservative therapies, spinal cord stimulation is an effective therapy.4

Despite the large number of patients suffering with severe PDN, SCS implantation rates for PDN remain low. We believe this is because our referral pathways have not yet reacted to the new evidence and SCS is not always being offered when appropriate. We describe here our efforts to improve care.

# Aims

#### What are we trying to accomplish?

Offer SCS as a treatment option to all appropriate patients with severe PDN.

#### How do we know that a change is an improvement?

Increased numbers of successful SCS implantations for PDN on the UK National Neuromodulation Registry (NNR).

#### What change can we make that will result in an improvement?

Increase awareness that SCS is an effective therapy for PDN.

Create formal referral pathways for patients to access SCS.

#### **Actions**

In the UK, care pathways for diabetic patients are complex. Patients interact with multiple care providers (primary care, podiatry service, diabetes clinic).

We raised awareness of SCS with a range of outreach activities, established referral pathways and empowered patients with a self-assessment questionnaire.

#### **Local Diabetes service**

- Educational talk at monthly MDT meeting
- Guidance on referral criteria
- Creation of patient self-assessment questionnaire
- Visit to neighbouring city diabetes service to create referral and research links

#### **Local Community Pain Service:**

- Discussions at MDT and training day
- Encouragement to refer suitable patients

# **Raising awareness of SCS**

- Educational talk at monthly meeting
- Article in regional GP online magazine
- Agreement with clinical lead to refer potential patients

### **National Diabetes Community**

**Local GP + Community Podiatry:** 

- Sponsored evening seminar at national diabetic foot conference
- Sponsored stand at regional diabetes conference

## Patient self-assessment questionnaire

Painful Diabetic Neuropathy Patient Questionnaire

This questionnaire is to evaluate your current diabetic neuropathy symptoms and whether newer treatments may be an option for managing your pain symptoms:

**Diagnosed with Diabetes** 

- Attempts to control patient's glucose have been made (medications, lifestyle, diet, etc)
- ☐ Do you know your A1c?
- Diagnosed with Diabetic Neuropathy
- Have tried 2 or more prescription medications, like gabapentin or pregabalin

**Measuring success** 

the INS community in due course.

- Pain of 5 or more on a scale of 1-10
- ☐ Do you experience

Please hand this form back to your healthcare professional

Quantifying the impact of these activities will be

We will report our local referral and implant data to

best done through data collected on the UK

National Neuromodulation Registry (NNR)

# **Creating referral pathways**

### Referral from primary care:

**Primary** Care

**Local Community Pain Service** 

> **Specialist Diabetes** Service

**Specialist Pain Service** 

Referral route from outside area:

**Primary Care/GP from** outside area

**Specialist Diabetes Service** from outside area

Referral from community podiatry:

**Primary** Care/GP

Community **Diabetes** 

**Diabetes** Service

**Specialist Pain Service** 

# **Conclusions**

Research evidence of an efficacious treatment is only beneficial if we can effectively deliver treatment to patients.

option for PDN sufferers in the UK.

# **Podiatry** Service **Specialist**

Community

**Specialist** 

**Pain Service** 

We are working to make SCS a known and viable

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