

NHS Halton Clinical Commissioning Group
NHS Liverpool Clinical Commissioning Group
NHS St Helens Clinical Commissioning Group
NHS South Sefton Clinical Commissioning Group
NHS Southport and Formby Clinical Commissioning Group
NHS Warrington Clinical Commissioning Group

Policy for Secondary Care administered steroid Peripheral Joint Injections

Steroids are a man-made version of hormones that are made naturally in the body. When injected into the body they can reduce inflammation (swelling). This can help to stop pain and ease stiffness so steroids are often used to treat joint pain and arthritis.

Criteria from the current 2014/15 Cheshire and Merseyside commissioning policy				
Intervention				
	Steroid Joint Injections			
Policy Statement	Restricted			
Minimum eligibility criteria	Provision of joint injections for pain should only be undertaken in a primary care setting, unless ultrasound guidance is needed or as part of another procedure being undertaken in theatre.			

Proposed o	criteria for the revised, future policy	High level summary of changes	
Intervent	Secondary Care administered steroid Peripheral Joint Injections		
ion			
Policy Statement	Restricted		
Minimum eligibility criteria	It is expected that the steroid injection is performed in Primary Care either by the patient's own GP Practice, or another Practice able to perform the injection unless: • The recommended number of landmark-sited injections have been undertaken in Primary Care have failed • A single 'blind' attempt has been made and failed in those with indiscernible landmarks Practices that are unable to provide an 'in-house' MSK steroid injection are able to refer to other Practices for the MSK steroid injections	Reason for proposed change(s) In many cases steroid injections are being used to treat the symptoms (rather than the causes) of pain. This is inappropriate and it meant that clearer, more appropriate guidance was needed.	
	Provision of joint injections for pain in Secondary care will only be commissioned in the following circumstances: • Failed steroid injection in Primary Care or inappropriate to be performed in a Primary Care setting. • Injections due to the need for image guidance. (See below) • Only one injection will be commissioned as a diagnostic procedure if not undertaken already in Primary Care if surgery on a specific joint is likely to be indicated. Repeat injections will not be commissioned.	The aim of the policy is to ensure that steroid injections take place in primary care wherever possible. If it is not appropriate to do so in primary care they may still be given in secondary care, but only where the criteria are met.	
	Injections that are provided in secondary care must <u>only</u> be done within an Outpatient Department clinic setting or under ultrasound control in a radiology department if clinically indicated (for example uncertain site of inflammation, previous landmark-sited injection has failed or landmarks indiscernible). These will only attract the relevant OPD tariff and day case is not commissioned.	Impact of proposed change(s) Patients with painful and stiff joints; patients with arthritis.	
		EIA – As this is a reviewed policy that may introduce a possible change, a shift from a secondary to a primary care	

			recommended further engagement to identify whether there may be any adverse impact
Ra		Steroid injections can help to stop pain and ease stiffness however CCGs expect	
		that steroid injections are given in Primary care. Injections given in secondary	
		care must meet the eligibility criteria outlined above.	
Ev	Evidence	NHS Choices - Steroid injections	
fo	or	https://www.nhs.uk/conditions/steroid-injections/	
in	nclusion		
ar	and	Ultrasound-guided injections of joints of the extremities –	
th	hreshold	University of York Centre for Research and Dissemination 2012.	