

### Introduction

This policy review is part of a wider project to review and update more than 100 health policies by six Clinical Commissioning Groups (CCGs) in Merseyside. The review will ensure that the latest clinical guidance is applied consistently across Merseyside and that patients have access to the latest treatments.

### Name of treatment or procedure

Steroid peripheral joint injections that are given in secondary care.

### Description of treatment or procedure

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.

### Current policy

Steroid injections to treat joint pain should only be given in a primary care setting (such as the patient's own GP practice or another practice) unless:

- ultrasound guidance is needed
- OR it is being given as part of another surgical procedure in an operating theatre.

### Proposed changes

It is still expected that the steroid injection will be given in primary care, usually by the patient's own GP practice, unless:

- the recommended number of injections have already been given in primary care and have not helped to ease symptoms
- a single 'blind' attempt has been made in a patient (meaning an injection with landmarks that can't be seen), and it has not worked
- the primary care practice can't provide a steroid injection at the practice. These practices can refer patients to other practices for their steroid injections.

Joint injections for pain in secondary care will only be funded in the following circumstances:

- a steroid injection in primary care has not worked, or it is not appropriate to do it in primary care
- image guidance (such as an ultrasound scan) is needed to carry out the procedure (see below)
- the injection is needed to diagnose a condition (and this has not already been done in primary care) if it is likely to mean that surgery on a specific joint is needed. Repeat injections will not be funded.

Injections that are provided in secondary care must only be done within an outpatient department (OPD) clinic setting or under ultrasound control in a radiology department if that is most appropriate (for example, if it is not certain where the inflammation is, or if a previous injection has not worked or if landmarks can't be seen). The relevant OPD tariff will be paid.

### Reason for proposed changes

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.

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.

### **Summary of proposed changes**

- The changes proposed for this policy will have a minimal impact on patients receiving the treatment, rather where they receive the treatment.
- The aim of this policy is to make it clear that this procedure should take place in primary care settings wherever possible, rather than secondary care settings, with better clarity provided around when it is most appropriate to carry out steroid injections in primary care and when it is most appropriate to carry out steroid injections in secondary care.
- Patients with painful and stiff joints and patients with arthritis are affected by the policy.