



Waiting List & Pathway Management: Patients referred for Ultrasound Guided Steroid Injection Referrals.

Aim

To describe plans to address the long waits for patients referred for these procedures and address the reduced productivity of the radiology departments, by validating the waiting lists of patients who have waited more than six months; and reducing the demand for the procedures.

Background

At the outbreak of the Covid outbreak steroid joint injections were stopped because of the risk of reduced immunity following the injection and the impact it could have if the patient were subsequently to contract Covid 19. A backlog of patients waiting subsequently built up which added to an already long waiting list.

Another consideration are patients waiting for joint injections who are found not to require them. The long waiting list has implications both on patient welfare and on the ability to provide an outstanding service to our patients. 22% of ultrasound guided injection requests were not performed in a one-month period in July 2019 from a total of 261 referrals. Annually NBT has up to 1500 patients referred for +/- joint injection

The main reasons for not performing injections were either that it was not indicated or that the patient's symptoms have improved or resolved by the time they came for their appointment.

These patients are booked in for a "double slot". If this could be avoided there is the potential increase the number of patients seen and significantly decrease waiting list. If this issue could be addressed, we could see patients who are in significant pain sooner and provide a more satisfactory service.

A lot of GP requests for a diagnostic ultrasound are marked "+/- injection" which suggests that the diagnosis is unclear or that they are not completely sure whether the diagnosis would need a therapeutic injection.

An approach to improve the number of unsuitable patients being referred for and booked in for injections would be to introduce a system where a diagnostic ultrasound will be performed in the first instance and then a further appointment will be made by the hospital for an injection if clinically indicated.

Impact of Covid-19

The Infection Prevention Control measures and social distancing requirements because of the Covid-19 pandemic has reduced the capacity in departments for diagnostic procedures by 32%. Diagnostic procedures are now being booked at 15 min intervals instead of 10min, and therapeutic procedures are being allocated 30mins instead of 20mins

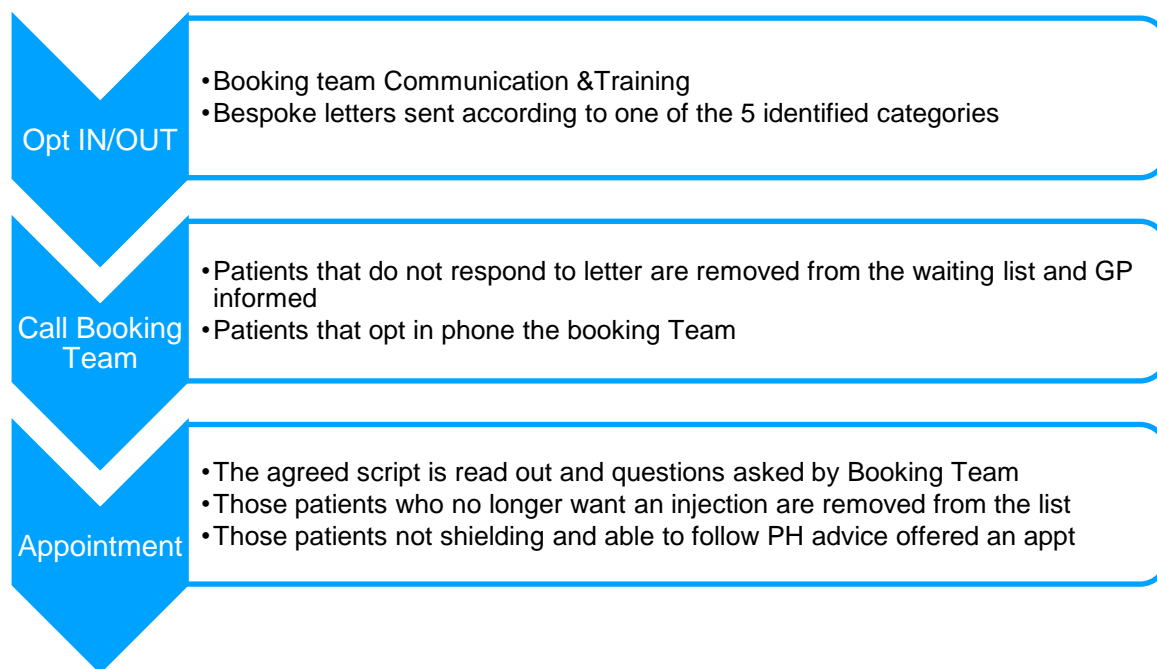
Patients on the waiting list for guided joint injections for more than 6 months have been risk stratified as follows.:

	Intervention	Recommendation
1	where the stated diagnosis is unlikely to improve for example osteoarthritis or Morton neuroma,	booked and will remain on the waiting list.



2	where the stated diagnosis may improve over time for example tendinosis, tenosynovitis	These patients are sent a letter of engagement similar to how patients referred <6 months. These patients are to engage with the services within 3 weeks of receiving the letter before being cancelled and GP notified. If patients engage, then they maintain their position on the waiting list. <i>Appendix 1</i>
3	where the stated diagnosis is not appropriate for steroids as first line treatment	These can be cancelled, and patients sent appropriate letters with links to engage with MSK interface service treatment regimes.
4	where the diagnosis is not confirmed or vague clinical details	patients are given a diagnostic scan with time for the radiologist to perform an injection if appropriate.
5	Request treatment is not available as direct access – hydrodilatation for adhesive capsulitis	patient will be cancelled, and GP informed to refer to MSK interface services.

Process for Management of Waiting list





New GP requests for Joint Ultrasound

Primary Care Clinicians are being asked:

‘Not to request a diagnostic ultrasound and indicate +/- steroid injection’

Steroid injections have their place and are a useful tool in management of Musculoskeletal conditions. The role of steroid injection may be used as a diagnostic tool to confirm or refute the apparent source of the pain generator or therapeutically. Where conservative measures have failed, steroids injections can be used as an adjunct to directly reduce inflammation thereby reducing pain and allowing time and physiotherapy regimes to improve outcomes. Other roles for steroid use, include reducing size of scar tissue such as Morton neuroma, modulating the healing process and breaking a pain cycle.

Referrals for ultrasound guided steroid injections will be able to be made via ICE, but only following a confirmed diagnosis on imaging and patient has failed simple conservative measures.

Advice to Primary Care on Remedy is to be updated an pop-ups added to ICE referral to ensure that this is adhered to.

Recommendations

This paper has recommendations for addressing the backlog of patients waiting for Ultrasound guided joint injection and for improvements to the diagnostic pathway.

GPs are asked not to request steroid joint injections. A flow chart for patient management has been created.

Patients on the waiting list are to be risk stratified and if appropriate given the option to opt out of the waiting list.

On phoning in to book their appointment their eligibility and willingness to comply with infection control procedures will be checked by the booking clerk.

The Diagnostic Advisory Group is asked to support these proposals.

Dr Alison Wint
Co-Chair of the BNSSG Diagnostic Advisory Group
August 2020

Document to be reviewed in one year.

Author	Date	Version
Alison Wint	30.07.20	V0.1
Alison Wint & Carol Phillips	4.8.20	V0.2+
Alison Wint & Rob Adams	18.8.29	V0.40
Alison Wint	28.8.20	V0.5
Alison Wint & B. Rajayogeswaran	17.09.20	V0.6
Alison Wint & B. Rajayogeswaran	18.9.20	V0.7 FINAL



Appendix 1: Information for Remedy

Referral Guidance for Image Guided Steroid Injections

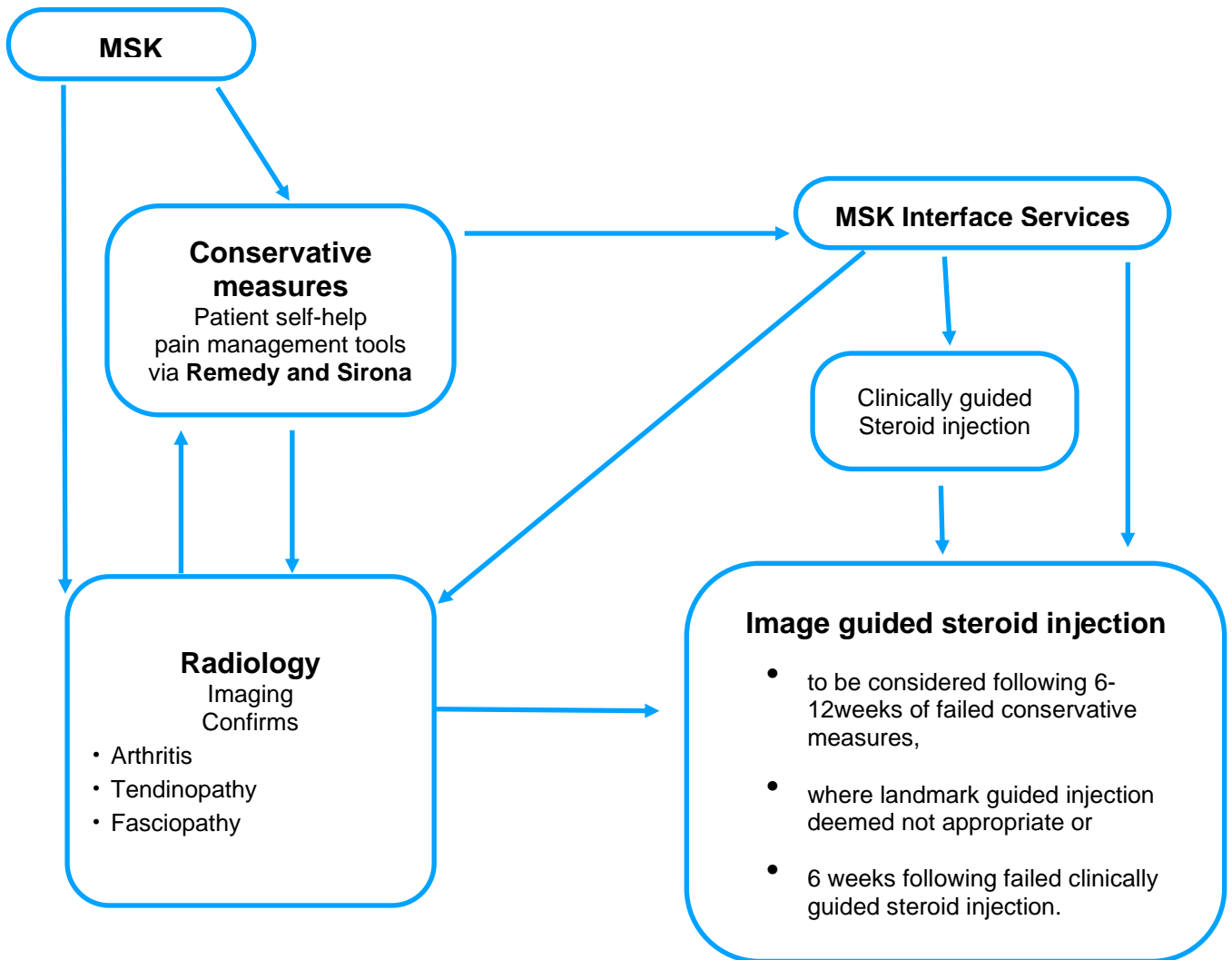
Background:

Many musculoskeletal conditions resolve with time and conservative management. Steroid injections are a useful tool in the management of several Musculoskeletal conditions. The role of steroid injection can be used as a diagnostic tool to confirm or refute the apparent source of the pain generator or therapeutically. Where conservative measures have failed, steroids injections can be used as an adjunct to directly reduce inflammation thereby reducing pain and allowing time and physiotherapy regimes to improve outcomes. Other roles for steroid use, include reducing size of scar tissue such as Morton neuroma, modulating the healing process and breaking a pain cycle.

The majority of steroid injections can be administered using bony land markers and can be performed in GP surgeries or by the MSK interface service. These options should be explored before referring.

GPs are asked not to request +/- steroid injection when requesting a diagnostic ultrasound '

Referral Pathway – Steroid Joint Injections



Referrals for ultrasound guided steroid injections can be made via ICE following a confirmed diagnosis on imaging and patient has failed simple conservative measures.

‘Do not request a diagnostic ultrasound and indicate +/- steroid injection’

ICE ultrasound requests that include +/- steroid injection will be booked only for ultrasound, and the clinical radiologist will discuss and decide with the patient if a steroid injection is appropriate management and discuss the risks vs benefits of such an injection with the patient, and re-book for that procedure if appropriate.



When referring please include the information below in the dialogue box

Document in the clinical dialogue box that imaging has confirmed a diagnosis.

- Detail where and when the imaging has been performed for the study and report to be available for the chosen provider.
- State duration of conservative measures, if there was any improvement and if the patient was referred to the MSK interface service.
- Document how many steroid injection have been performed for the current MSK condition and if the most recent injection was performed under image guidance.



Referral for ultrasound steroid injections are limited to the below diagnosis following failed conservative measures:

Below is a list of musculoskeletal conditions where image guided steroid may be indicated.

Wrist

- Osteoarthritis of the wrist or small joints of the hand and fingers
- Synovitis of the wrist or small joints of the hand and fingers
- Tendon sheath injections for tenosynovitis
- Trigger finger

Elbow

- Osteoarthritis of the elbow joint
- Synovitis of the elbow joint
- Bursitis

Shoulder

- SASD bursa injections - Bursitis/breaking pain cycle
- Bicep tendinosis
- ACJ OA/synovitis
- Sternoclavicular OA/Synovitis

Hip

- Trochanteric bursitis (only refer if clinically guided injection is not possible due to body habitus)
- Iliopsoas bursitis

Knee

- Osteoarthritis of the knee (only refer if clinically guided injection is not possible due to body habitus)
- Inflammatory arthritis of the knee
- Bursitis
- Popliteal cyst

Ankle

- Osteoarthritis of the ankle
- Inflammatory arthritis of the ankle
- Retrocalcaneal bursitis

Foot

- Osteoarthritis of the small joints of the foot
- Inflammatory arthritis of the small joints of the foot
- Plantar fasciitis
- Morton neuroma/ intermetatarsal bursitis (*only refer for one injection. Refer to MSK Interface service if patient represents.*)



Considerations:

- Failed clinically guided steroid injection can be requested and performed 6 weeks following the initial injection.
- Repeated steroid injections should be limited due to concerns of joint damage. Therefore should not be performed more often than every six weeks and limited to 3 times a year and five in a lifetime, unless the patient is under secondary care.
- Exceptions will be made to repeat referrals for those patients that require injections for chronic conditions such as osteoarthritis, bouts of inflammatory arthritis or can not proceed to a surgery if indicated due to specific circumstances.
- Steroid injections which require Fluoroscopic guidance are limited to MSK interface services and secondary care, these include: -
 - Shoulder injection for Osteoarthritis
 - Shoulder hydro dilation for frozen shoulder (Adhesive capsulitis)
 - Hip injection for OA
 - Nerve root blocks
- Steroid injection for lateral or medial epicondylitis is via the interface services.
- Direct referral for image guided steroid injection for carpal tunnel is not available across BNSSG.
- Patients should not be referred for a steroid injection if the patient is to have a joint replacement within 6 months.



Appendix 2: Letter Patients Risk category 2 on Waiting List

Letter to Patient

Dear

We are contacting you because you were referred by your doctor/advanced practitioner for an image guided (x-ray, CT or ultrasound) steroid injection, but have not received an appointment due to the COVID-19 pandemic.

In March 2020, all NHS Trusts were instructed to stop performing steroid injections during the pandemic, due to the potential lowered immunity (immunosuppression) that patients may experience for up to 4 weeks, as a result of having this treatment.

Whilst under normal circumstances steroid injections are perfectly safe for the majority of patients, we believe they may reduce your body's ability to fight infection and in March it was thought that steroids may make you more likely to catch the virus and in a more severe form. This risk is partly theoretical and has not yet been proven.

Due to the large numbers of patients unable to have this treatment over the past few months, a very long waiting list has developed and in order to recommence steroid injections safely, we will have to limit the service to those patients in most need and who are least vulnerable.

There will still be a risk of having a steroid injection in the coming months and safety guidelines will apply, as follows:

1. We will not be able to see and/or treat any patients with signs and symptoms of possible COVID-19 infection.
2. We may have to defer patients who still have concerns over shielding due to health reasons, after 1st August 2020, depending on circumstances.
3. Ideally a week avoiding close contact with other people, in keeping with guidelines on social distancing, is strongly advised.

Whilst we understand frustrations that have resulted from the pandemic, patient safety is critical, and we are bound by Trust and NHS England guidance.

What you need to do now:

- If your symptoms have improved or are not causing significant limitation to normal function, then you do not need to do anything.
- If you still wish to continue with treatment and would like to receive an appointment for your injection, then please contact

If we do not hear from you within **3 weeks** from the date of this letter, then we will presume that you do not wish to have the treatment and the referral will be cancelled.

You will need to return to your practitioner for a new referral, should circumstances change.



Appendix 3

Letter to Patient Risk Category 3 on waiting list

Dear [Patient name]

We are contacting you because you were referred by your doctor/advanced practitioner for an ultrasound steroid injection.

Steroid injection treatment is not first line for your symptoms described in the clinical information provided by your GP.

We recommend that you use the self-management following the links below and are referred to the MSK interface services for physiotherapy.

If you have been appropriately managed through these methods and your pain has not improved then please contact your GP as soon as possible. If appropriate your steroid injection may be performed within the community by your GP/ MSK interface services or have your image guided steroid injection reinstated.

We have informed your GP that your image guided steroid injection has been return. Please be reassured that if you need your image guided steroid injection reinstated you will return to your position on the original waiting list.

Links for self-management.

<https://www.sirona-cic.org.uk/advice-information/leaflet-library/musculoskeletal-msk-services/>

**Plantar Heel Pain Leaflet: <https://www.sirona-cic.org.uk/advice-information/leaflet-library/leaflet-heel-pain/>

**Greater Trochanteric Pain Syndrome (GTPS): <https://www.sirona-cic.org.uk/advice-information/leaflet-library/musculoskeletal-msk-services/leaflet-greater-trochanteric-pain-syndrome/>



Appendix 4: Script for Booking Clerks

Script for Booking Clerks to use when patients call in following receipt of the opt in letter

Contacted by:

Date and Time:

Thank you for calling the Booking Office.
You have been referred to us for an ultrasound guided steroid injection.

Before I can book an appointment for you, I will need to read you a statement and ask you a few questions.

Due to the current situation with the Coronavirus pandemic and cancellation of routine injections, we are now trying to book patients that are on our waiting list.

Steroid joint injections are used to reduce inflammation and pain in certain conditions. It is used alongside other measures such as physiotherapy.

Steroid injections can slightly reduce the body's immune system for a couple of weeks after the procedure, so following current Public Health advice on social distancing after injection is recommended.

1) Has the government asked you to shield during the pandemic?

[If Yes, 1a; No, 2]

1a) Knowing that there is a small risk you would like to go ahead?

[If Yes, tell them that we will be sending about appointments in the post]

[If No, State that you will have to reschedule the appointment until safe for them]

2) Are you able to follow the current public health advice on social distancing following the injection? i.e. work from home, work outdoors or reduce the number of people you are in contact with? The details of which will vary with time.

[If Yes, continue to book an appointment]

[If No State that their name will be removed from the waiting list, their GP informed, provide advice on patient leaflets from Sirona]

Helpful information with patient advice leaflets is available from Sirona:

<https://www.sirona-cic.org.uk/advice-information/leaflet-library/musculoskeletal-msk-services/>



Appendix 5: Patient Consent Form

Additional Consent for Steroid injections during Covid-19 Outbreak

Version 1.0 June 2020

Steroid injections are an important treatment for musculoskeletal problems. Steroids can dampen the immune response which may affect your body’s ability to fight infection. There is concern that steroids can increase risk from the novel coronavirus (COVID-19). This assumption is based on the medical knowledge we have to date but there have been no clinical trials or high level studies to support this. As a precaution, we should consider alternatives to steroids where possible. If you agree to proceed with a steroid injection we advise you to be vigilant and take necessary social distancing precautions.

Name of procedure

Image guided steroid and local anaesthetic injection.....

Statement of health professional

I have explained the procedure to the patient/parent. In particular, I have explained:

The intended benefits;

To relieve pain +/- help with diagnosis

Serious or frequently occurring risks but are not limited to;

Pain, bleeding, infection, allergic reaction, transient weak and numb leg and transient altered blood sugar levels if diabetic. **There is a potential increased risk of contracting Covid-19 infection, delaying viral clearance or developing complications from this disease (as described above).**

(To be completed by the Doctor)

Signed:

Date:

Name (PRINT) Job title.....

(To be completed by the patient or (person with parental responsibility for patient)

I agree to the procedure described above

Signature

Date.....

Name (PRINT)



Appendix 6: Letter to GPs redirecting referral

Letter to GPs who request Ultrasound +/- Injection

Good Morning Dr.....

Thank you for referring the below patient.

Following the recent change to the BNSSG guidelines for U/S referrals +/- guided steroid injection ([link to letter on Remedy to go here](#)), we will no longer accept referrals for "+/- injection" from GPs.

Your referral will be treated as, and booked for, a diagnostic scan in the first instance.

If the report dictates the need for further treatment, then your patient will require re-referral.

Pt details

Clinical history

**Please call the Imaging Secretary of the Day on 0117 414 9110
or email the GP specific inbox: nbn-tr.radiologygpqueries@nhs.net, if you wish to discuss
this pt with any of the MSK Radiologists**

Yours