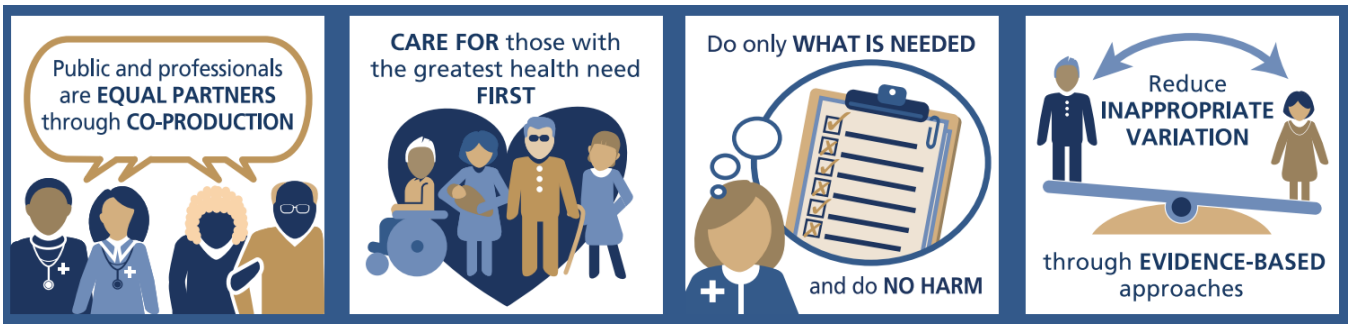
Intra / Periarticular Injection Directed Supplementary Service Scheme

1. Introduction / Background

There is a long history of intra/periarticular injections occurring in the community, and this service has been popular with both patients and general medical practitioners. However, there is evidence of unwarranted variation in commissioning and/or provision of intra/periarticular injections, or schemes have promoted lower value interventions over higher value ones. This Intra/periarticular injection Directed Supplementary Service (DSS) is designed to promote a flexible and rational approach to appropriately managing specific musculo-skeletal conditions by promoting higher value procedures being delivered as close to home as possible.

Intra/periarticular injections undertaken by appropriately trained Practitioners can be beneficial to patients, practitioners, and hospital services. Health Boards in conjunction with GPC Wales encourage the development of these services within Primary Care. This also aligns with the Care Closer to Home approach in the Primary Care Model for Wales, and Prudent Healthcare principles, and is consistent with the clinical pathways approach recommended in the National Clinical Framework .



2. Aims

The aims of this DSS scheme are:

1. To support **quality planning** of intra/periarticular injections for appropriate musculoskeletal conditions across clusters and communities
2. To ensure delivery of the service is **sustainable** and achieved through **collaboration** across collaboratives and clusters
3. To support practitioners to perform **high value procedures** within a locally agreed clinical pathway
4. To support patients to **experience high value** care closer to home

3. Summary of Directed Supplementary Service Scheme

This DSS specification describes

- How the intra/periarticular injections service is delivered clinically
- How Health Boards will contract services
- How premises are approved
- How practitioners are accredited
- Procedures NOT covered by this DSS

The model for delivery of intra/periarticular injections reflects the expertise and clinical background of those accredited clinicians who deliver it. Injections can be delivered in any setting (including the patient's home) provided necessary infection control procedures are in place and that the patient's dignity can be maintained. No premises approval is needed. However, it is expected that clinical settings should meet the requirements of those required for GMS services.

The Health Board will contract with a contractor (*'the lead engaged provider'*) to provide the clinical services to a defined population in line with agreed pathways. This population may be either:

- the registered population of a single GMS contractor, or
- the registered populations of one or more GMS contractors within a cluster, collaborative, locality or health board

All accredited Practitioners must meet the eligibility criteria for the procedures they are undertaking. The practitioner need not be a partner or employee of the commissioned provider.

The following are **not** included in this DSS:

- Injections delivered as part of any other Supplementary service (e.g. Minor Surgery – Dermatology, Vaccinations, Diabetes Injectables, Substance Misuse Management etc.).
- Injection of varicose veins or haemorrhoids.
- Intramuscular injections for chronic disease or malignancy conditions (e.g. vitamin b12, hormone antagonists or agonists, etc.).
- Payments for injections used for life-threatening illness (e.g. anaphylaxis, CPR).

4. How the intra/periarticular injections service is delivered clinically

Under this DSS, an intra/periarticular injection may **only** be administered:

- by an accredited clinician;
- who is working on behalf of a locally engaged provider holding a valid DSS contract with the Health Board;
- for a clinical indication that is specified in a locally-agreed pathway (see appendix C).

Injections may be administered ad-hoc in the course of a general clinic or home visit to a single patient or administered electively to a list of multiple patients in a dedicated injection clinic.

An Injection may be an aid to diagnosis or part of a treatment package. It should be part of a locally agreed clinical pathway, and the indication for the injection must be documented in the clinical record.

5. How Health Boards will contract services

Engaged Provider

- The Health Board will commission this DSS with a contractor (the '*engaged provider*') to provide specified numbers of intra/periarticular injections to a defined population, including its own registered population, but which may also include the registered patients of GMS practices in a cluster/professional collaborative.
- The engaged provider will ensure that in delivering this DSS, it only uses accredited practitioners as agreed with the Health Board.

Eligibility to perform this Directed Supplementary Service

- The engaged provider must ensure that any practitioner must meet the accreditation standards required for the injection techniques which they are performing and claiming for.

Accredited Premises

- Premises do not require accreditation but would be expected to meet the criteria for GMS services where appropriate.

Numbers of Procedures

- When agreeing a DSS with the lead engaged provider, the Health Board may choose to limit the overall number of injections in a defined period to be reimbursed. The Health Board should indicate where patients will need to be referred to for injections should the contractual limit be exceeded

Serious Incidents or Near misses

- Any serious incidents or near misses associated with the procedures conducted under the DSS should be reported to the Health Board using the Once for Wales Concerns management system (DATIX).

6. Accreditation of Practitioners

Practitioners will be accredited by Health Boards to perform intra/periarticular injections **at specific anatomical sites.** Practitioners will only receive payment for undertaking these procedures.

Applications are welcome from members of any clinical profession with the necessary skills, not just GPs.

Accreditation requires the practitioner to collect dataon every procedure they undertake. It must be possible for each practitioner to provide a report on their previous 12 month's procedures to demonstrate activity levels and relative risk of post-procedure complications. This report can be used to support ongoing accreditation for intra/periarticular injections, and also annual appraisal/revalidation. .

Accreditation will be valid for up to 5 years, whereupon the practitioner will need to resubmit evidence for re-accreditation to the health board. Practitioners are free to apply for accreditation at the higher tier of the DSS at any time.

The following accreditation requirements apply to **ALL practitioners for ANY anatomical sites:**

i) **Practitioner**

a. **Evidence of annual training** in management of clinical emergencies (including CPR and anaphylaxis), and infection prevention & control**.**
b. **Evidence of compliance with the required staff immunisation programme** as per the Green Book Chapter 12;
c. Ensure appropriate indemnity is in place
d. Evidence of appropriate governance arrangements

ii) **Clinical Audit & Claims**

a. **Agreement to submit and share data** on all procedures (including clinical diagnosis, histology, any complications, or associated complaints) with the Health Board, for clinical audit and claiming purposes
b. **Agreement to share reports on personal performance** with appraiser at annual appraisals, and also with Health Board if requested.

iii) **Activity**

a. Agreement to perform a mean of at least 3 procedures at each anatomical site of accreditation per year (calculated over 3 years), or undertake a directly observed procedural skills assessment if activity is low.

iv) **Agreement to Follow Best Practice**

i. Contemporaneous record-keeping

ii. Appropriate use of chaperones and **assistants** during procedures
iii. Management of **Needle-stick** injuries
iv. Standard **Infection Control Procedures,** including Aseptic No Touch Techniques, Decontamination & Sterilisation of equipment as required
v. **Reporting serious incidents or near misses** using the Once for Wales concerns management system (Datix) within 72 hours, including deaths or admissions to hospital related to the procedure
vi. Duties of Professional and Organisational **Candour**
vii. Written **Consent**: this should be obtained for the procedure before it is carried out, with documentation of risks, and then stored in the lifelong medical records held by the patient's general practitioner
viii. Ensure clear and robust protocols and processes in place to ensure that the results for all specimens sent to the laboratory are reviewed and the patients are made aware of the result (**Fail-safe** mechanisms).

The following are additional requirements for specific practitioner groups:

Accreditation of practitioners who are <u>not</u> currently providing intra / periarticular injections:

1. **Evidence of Training:** evidence of completion of training in intra / periarticular injections to the appropriate standard on a course recognised by the Health Board for this purpose, within the last 2 years

OR

2. **Evidence of supervised practical experience** using an assessment tool such as DOPS (Direct Observation of Procedural Skills) signed off by a clinician currently accredited to perform Intra/periarticular injections through the DSS, within the preceding 12 months

Accreditation of practitioners who ARE currently providing intra / periarticular injections:

Evidence of Training: evidence agreed by their appraiser at annual appraisals, that they have such continuing clinical experience, training and competence as is necessary for providing the relevant procedures under this DSS.

7. Withdrawal of Accreditation

Ordinarily, a practitioner would be accredited for up to 5 years. However, where the Health Board believes a doctor carrying out Intra/periarticular injections is not complying with the terms of the accreditation agreement, or there is significant cause for concern, it will take the necessary steps to investigate any concerns under usual professional performance procedures, withdrawing accreditation if necessary.

8. Data recording requirements

- All procedures are to be recorded at the time of procedure by the accredited injector,
- All complications will be recorded when presenting.
- Information to be recorded for each procedure:
    - Accredited Practitioner Professional Registration number
    - Engaged Provider
    - Premises
    - NHS Number
    - Date of procedure
    - Indication (see appendix C)
    - Procedure undertaken
    - Technique used
    - Consent obtained?
    - Chaperone offered/provided (name & qualification)
    - Complications
    - Confirm dose and dose interval (including any doses in the previous 12 months) complies with current guidelines
- Data entry should be by the use of Read codes (or SNOMED-CT codes when available) onto the GP system.

9. Pricing

The **Health Board** will agree with the **engaged provider:**

- The anatomical sites that can be injected;
- A maximum number of procedures at each anatomical site to be claimed within a specified period; and
- Where patients are to be referred should the maximum number be reached.

The **engaged provider** must inform the Health Board in advance of any potential increased or decreased demand in commissioned activity. The Health Board must agree to vary any commissioning volumes in advance otherwise payment will not be made.

Description	**Payment**
Intra / Periarticular Injection	£65

This fee will be reviewed annually and where applicable updated in line with the national guidance.

10. Audit and Quality Improvement

Engaged providers and accredited practitioners will be expected to review their own reports and reflect on performance and take any necessary steps to improve performance. This should be done yearly and shared with the commissioning Health Board and shared at annual appraisal.

11. Decommissioning

a) **Notice period and duration**
The notice period for ending the agreement for service provision will be three calendar months for either the Commissioner or the Provider. The notice will be in writing setting out the reasons.

b) **Disputes**
Any disputes arising will be dealt with in the prescribed way. LHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure.

12. Supportive Documents

Appendix A **Practitioner Accreditation Application**

Appendix B **Diagnoses Agreed for local pathway development**

Appendix C **Engaged Provider Application (TBD)**

Appendix A

Application to Join the Service List as an Accredited Practitioner for intra/peri articular injections

Background

This form is to be used by a person wishing to join the intra/peri articular injections service list as an accredited practitioner.

Definition

An “accredited practitioner” for the purpose of the intra/peri articular injections DSS means any person who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the generic GPs with special interests (GpwSI) guidance (see www.gpwsi.org) or as deemed appropriate by the Local Health Board (LHB).

Accreditation

Health Boards (HB) are responsible for ensuring that the DSS are delivered by professionals who are properly qualified to do the job.

Clinicians carrying out intra/peri articular injections must have the necessary skills and experience to carry out the contracted procedures, be competent in resuscitation and demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive educational activities.

Clinicians carrying out the intra/peri articular injections DSS should be able to provide evidence of 1 training course in intra/peri articular injections within the last 5 years, and will be required to attend regular updates.

It is expected that the level of training required for a GP and other health professionals providing a DSS is identified in that persons’ continuous personal development plan (CPD) and, where additional training is required, local mechanisms are found to address this.

Accreditation of the service should be based upon a consideration of the DSS plan, as set out in the application for approval, and should be determined by the Health Board upon the advice of the medical and nursing directors. Practice visits will provide the opportunity to explore in more detail any issues which might arise in the provision of the service.

All doctors directly involved in the provision of the DSS are required to identify that responsibility within their CPD plans and discuss the related professional development with their appraiser. They need to assure the medical director of the HB that this has been done and the appraisal signed off. A similar model will apply for any practice clinical staff supporting the provision of any DSS.

Objective

To provide a means whereby only accredited persons will actually provide intra/peri articular injection Directed Supplementary Services on behalf of the practice.

DETAILS OF PRACTITIONER

Dr/Mr/Ms* _____ Forenames: _____
* Delete as appropriate

Date of first full registration
with a professional body _____ Registration Number _____

Name of Professional Body _____

POST GRADUATE QUALIFICATIONS

Title of Qualification Date Awarded

_____

_____

RELEVANT EXPERIENCE*

Please give information about all relevant experience in the last five years (N.B. any references held should be supplied)

In hospital and/or community posts

From To Post Employing Authority

_____

_____

_____

_____

Providing peri/intra articular injection services in general practice. (Please give full details of services provided on a separate sheet)

From To Practice Address

_____

_____

_____

_____

RELEVANT COURSES*

From To Title of Course Organiser

_____

_____

_____

_____

APPRAISAL, REVALIDATION AND CONTINUOUS PERSONAL DEVELOPMENT PLAN

Please attach any relevant documentation to support this application.

Appendix B

Intra/Peri Articular Directed Supplementary Service Engaged Provider Application

Health Boards(HB) are responsible for ensuring that DSSs are delivered by professionals who are properly qualified to do the job, in premises and facilities that are fit for purpose.

The Health Board will contract with a contractor ('*the lead engaged provider*') to provide the clinical service to a defined population. This population may be either:

- the registered population of a single GMS contractor, or
- the registered populations of one or more GMS contractors within a cluster or collaborative, locality or Health Board.

Accreditation

The engaged provider will ensure that all practitioners providing services under the intra/peri articular DSS are suitably accredited.

The engaged provider will provide all relevant information to the Health Board in order to demonstrate compliance with all elements of the delivery of the service and in support of claims for service provision. When required to do so, the engaged provider will be willing to explore in more detail any other issues which might arise in the provision of the service.

The engage provider will provide an annual declaration of compliance with all elements.

DETAILS OF PRACTITIONERS

Title	Surname	Forename	Date of first full registration with a professional body	Registration number	Date of most recent training update

AGREEMENTS AND DECLARATIONS

I agree:

- To carry out the intra/peri articular Directed Supplementary Service according to the specification and/or as may be agreed with the HB
- That I have read and will assist in meeting the requirements of the Practice under the Services Directions.
- To submit reports and records as and when required
- To give notification immediately of the information becoming known to me to my employing practice of all emergency admissions or deaths of any patient covered under this scheme, where such admission or death is or may be due to the performance of the procedure in question or attributable to the underlying medical condition.

I declare:

- The information on this form is correct and I seek accreditation to be approved as an engaged provider for the purpose of the intra/peri articular Directed Supplementary Service;
- That I understand that initially, unless agreed otherwise with the Health Board, this scheme will be restricted to payments in respect of delivery of the Directed Supplementary Service.
- The practice has suitable premises and equipment to provide the services outlined in the intra/peri articular Directed Supplementary Service specification.

Applicants/ Practice Signature:_____

Date: _____

Practice Stamp:

Please email this form to: nwssp-primarycareservices@wales.nhs.uk

APPLICATION PROCESS

Upon receipt of a completed application to join a service list and/or individual accreditation to provide a service, NWSSP will process the paperwork and review any necessary accreditation criteria. This process will routinely take between 5 and 20 days to process the application.

Where additional information is required to support a completed application, NWSSP will reject the application if the additional information is not received within three weeks of the

request. After this time the practice will need to reapply to NWSSP once all the necessary information is gathered.

Practices are unable to provide or claim for services under any Directed Supplementary Service specification until they have received confirmation that the application to join a service list has been approved, and where applicable have at least one performer accredited to provide the service.

OFFICIAL USE ONLY

Application checked by: _____ Date: _____

Application approved ☐

(✓) Tick as appropriate

Not approved ☐

Approved By: _____ Date: _____

When not approved, reason for non-approval:

_____

_____

Appendix C: Indications and Procedures covered by this specification.

Anatomical Site	Indication	Procedure
Shoulder	**Rotator Cuff**	**Shoulder Injection**
	Adhesive Capsulitis (Frozen Shoulder)	**Shoulder Injection**
	Subacromial Bursitis	**Shoulder Injection**
Hip	**Trochanteric Bursitis**	**Injection**
Knee	**Knee Bursitis**	**Knee Injection**
	Fat pad impingement	**Knee Injection**
	Knee Effusion	**Aspiration/+- Injection**
Heel/Ankle/Foot	**Plantar Fasciitis**	**Heel Injection**
	Morton's neuroma	**Injection**
Elbow	**Olecranon Bursitis**	**Elbow Injection**
	Lateral/medial epicondylitis (Tennis Elbow/golfers elbow)	**Elbow Injection**
Hand & Wrist	**Trigger Finger**	**Finger Injection**
	Carpal Tunnel	**Wrist Injection**
	De Quervains	**Thumb Injection**
Various sites	**Osteoarthritis** **Rheumatoid Arthritis** **Acute Monoarthritis**	**Joint Injections (excluding Hip joint and Spinal joint injections)**