

## **THE SOMERSET CLINICAL CONSENSUS FOR THE PROVISION OF SPECIALIST INJECTIONS TO SUPPORT PEOPLE WHO LIVE WITH PERSISTENT (NON-CANCER RELATED) PAIN**

### **1 INTRODUCTION**

1.1 This document reflects a countywide clinical consensus on the range of specialist injections that will be routinely commissioned and provided by acute hospitals in Somerset as part of the support available to adults who live with persistent pain. The consensus was considered important to develop because at present there is:

- no comprehensive national guidance (e.g. NICE) on the provision of specialist injections used to support people who live with persistent pain.
- a limited evidence base for their use
- a wide range of clinical views about their application and efficacy
- a wide spectrum of views about when they should be offered to patients. This ranges from being offered on a more exceptional basis to being offered more routinely.

1.2 From the perspective of patients and referrers, given the above context, it has not previously been possible to draw up clear and consistent information about the range of specialist injections available in the county. The consequences of this include that clinical teams need to respond and manage patients who:

- are referred with injection regimes that may or may not be supported by local clinical opinion
- have expectations about the provision of certain injections, and their anticipated benefits, which again may or may not be supported by local clinical opinion

- 1.3 The cost of these injections, according to the National Tariff (2010/11), is at least £600 per injection and it is the responsibility of all organisations to ensure that these costs are incurred only where the procedure is clinically beneficial.
- 1.4 The Department of Health advocates that specialist injection techniques are used 'occasionally' (DH, 2008 p. 35)<sup>1</sup> and only as part of a package of psychosocial support.
- 1.5 This consensus should be read in conjunction with the *Service Specification for the Somerset Community-based self-care support service for adults with persistent pain*.

## **2 RATIONALE**

- 2.1 In the absence of an extensive evidence base, the injections included in this first version have been incorporated in relation to local clinical opinion in respect of their:
  - relative safety for patients
  - patient reported benefits
  - duration of benefits
  - need for their continuation if appropriate packages of psychosocial support are available
  - anticipated volume of ongoing activity

## **3 SCOPE OF CONSENSUS**

- 3.1 This Clinical Consensus relates to the provision of injections to support non-cancer related pain which has persisted on a daily basis for at least 3 months and includes spinal pain, other musculoskeletal conditions, nerve pain, angina or headache and other pains.

## **4 ORGANISATIONS IN SUPPORT OF THE CONSENSUS**

- 4.1 In terms of current providers of specialist injections, the consensus is supported by the following organisations in Somerset:
  - Taunton and Somerset NHS Foundation Trust
  - Yeovil District Hospital NHS Foundation Trust
  - The Shepton Mallet Treatment Centre

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<sup>1</sup> DH (2009) Pain: Breaking the Pain Barrier. Chief Medical Officer's Report 2008. Available on the web at: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_096233.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096233.pdf)

4.2 The consensus is supported by the following organisations in terms of their own discussions with patients who may be receiving specialist injections whilst remaining in their care:

- Somerset Community Health – Community Physiotherapy Service
- OASIS West - Musculo-skeletal Interface Service provided by Somerset Community Health
- OASIS East – Musculo-skeletal Interface Service provided by Hendford Lodge Medical Centre

4.3 The consensus is supported by the following local commissioning bodies:

- NHS Somerset (Somerset Primary Care Trust)
- WyvernHealth.com Practice Based Commissioning Consortium

4.4 It is also supported by Somerset Local Medical Committee.

## **5 COMMENCEMENT AND REVIEW DATE**

5.1 The consensus will take effect from **1 April 2011**.

5.2 NHS Somerset will convene a multi-agency panel including providers of specialist injections and related organisations to review the consensus on an annual basis or more frequently in light of emerging evidence or best practice.

5.3 The first review will take place during **March 2012**.

## **6 APPLICATION OF CONSENSUS**

6.1 For organisations who provide specialist injections, the consensus means that from the commencement date, local pain management service will assess and routinely offer new patients only the range of injections listed on the consensus.

6.2 The consensus also means that patients currently receiving injections that are not included on the consensus should be encouraged to discontinue with these wherever possible and appropriate to do so.

6.3 The consensus allows for professional discretion and for the provision of other injections in exceptional circumstances where considered necessary.

6.4 For commissioners the consensus means that only the range of injections listed in the consensus will be commissioned from the commencement date. This will however take into account current patients who may need to continue with their current injection regime and an agreed proportion of exceptionality.

## **7 PROVISION OF SPECIALIST INJECTIONS**

7.1 In accordance with the *Service Specification for the Somerset Community-based self-care support service for adults with persistent pain*, the organisations supporting the consensus agree that specialist injections will be offered:

- only as part of a package of care, which has been developed in partnership with the patient, by the Pain Management Service i.e. not offered in isolation
- having been assessed by a Consultant within the Pain Management Service as requiring them
- only where non-invasive analgesic options have been tried and exhausted

## **8 INJECTIONS ROUTINELY PROVIDED**

8.1 The following specialist injections will be routinely made available to new patients from the commencement date:

- Steroid Epidural Injections
- Nerve Root Injections
- Lumbar Sympathectomy
- Stellate Ganglion Block
- Peripheral Nerve Injections

8.2 The Health Resource Group (HRG) and procedural (OPCS) codes relating to the injections routinely provided are included as Annex 1.

## **9 INJECTIONS NO LONGER ROUTINELY PROVIDED**

9.1 The following specialist injections will no longer be routinely available to new patients:

- Facet joint injections
- Sacroiliac injections
- Any radiofrequency procedures
- Intravenous regional guanethidine injections

## **10 ONWARD REFERRALS TO OTHER PROVIDERS**

- 10.1 In general patients should not be referred to out of county providers who may support the provision of injections not included on the Somerset list.
- 10.2 The only current exception to this is where a Consultant in the Pain Management Service refers a patient with neuropathic pain for Spinal Cord Stimulation in line with the NICE Guidance.

## **11 CLINICAL DEVELOPMENT OF CONSENSUS**

11.1 The consensus was developed by:

- Dr Stephen Hunter, Consultant Anaesthetist, Yeovil District Hospital NHS Foundation Trust
- Dr Alf Collins, Consultant in Pain Management, Taunton and Somerset NHS Foundation Trust
- Dr Jerzy Minecki, Lead Anaesthetist, Shepton Mallet Treatment Centre
- Dr Steve Edgar, Pain Management Lead for Somerset Local Medical Committee

## **12 COMMENT ON THE CONSENSUS**

12.1 Comments and suggestions are welcome from individuals and organisations about any aspect of the consensus. Please send these in the first instance to:

NHS Somerset  
Somerset Primary Care Trust  
Directorate of Primary Care Development  
Wynford House  
Lufton Way  
Yeovil  
Somerset  
BA22 8HR

Telephone: 01935 384096

**Annex 1 – Health Resource Group and OPCS codes relating to injections to be routinely provided.**

<b>PROCEDURE</b>	<b>OPCS 4.5 CODES</b>	<b>HRG</b>
Lumbar epidural	A52.1 Therapeutic lumbar epidural injection	AB04Z Major Pain Procedures
Caudal epidural	A52.2 Therapeutic sacral epidural injection	AB04Z Major Pain Procedures
Cervical epidural	A52.8 Other specified therapeutic epidural injection + Z06.1 Cervical spinal cord	AB04Z Major Pain Procedures
Thoracic epidural	A52.8 Other specified therapeutic epidural injection + Z06.2 Thoracic spinal cord	AB04Z Major Pain Procedures
Lumbar nerve root injection - therapeutic	A57.7 Injection of therapeutic substance around spinal nerve root + Z07.3 Spinal nerve root of lumbar spine	AA09Z Intracranial Procedures Except Trauma with Other Diagnoses - Category 4
Caudal nerve root injection - therapeutic	A57.7 Injection of therapeutic substance around spinal nerve root + Z07.8 Specified spinal nerve root NEC	AA09Z Intracranial Procedures Except Trauma with Other Diagnoses - Category 4
Cervical nerve root injection - therapeutic	A57.7 Injection of therapeutic substance around spinal nerve root + Z07.1 Spinal nerve root of cervical spine	AA09Z Intracranial Procedures Except Trauma with Other Diagnoses - Category 4
Lumbar sympathectomy - chemical	A76.3 Chemical destruction of lumbar sympathetic nerve	AB03Z Complex Pain Procedures
Peripheral nerve injection - therapeutic	A73.5 Injection of therapeutic substance around peripheral nerve + site code	AB05Z Intermediate Pain Procedures