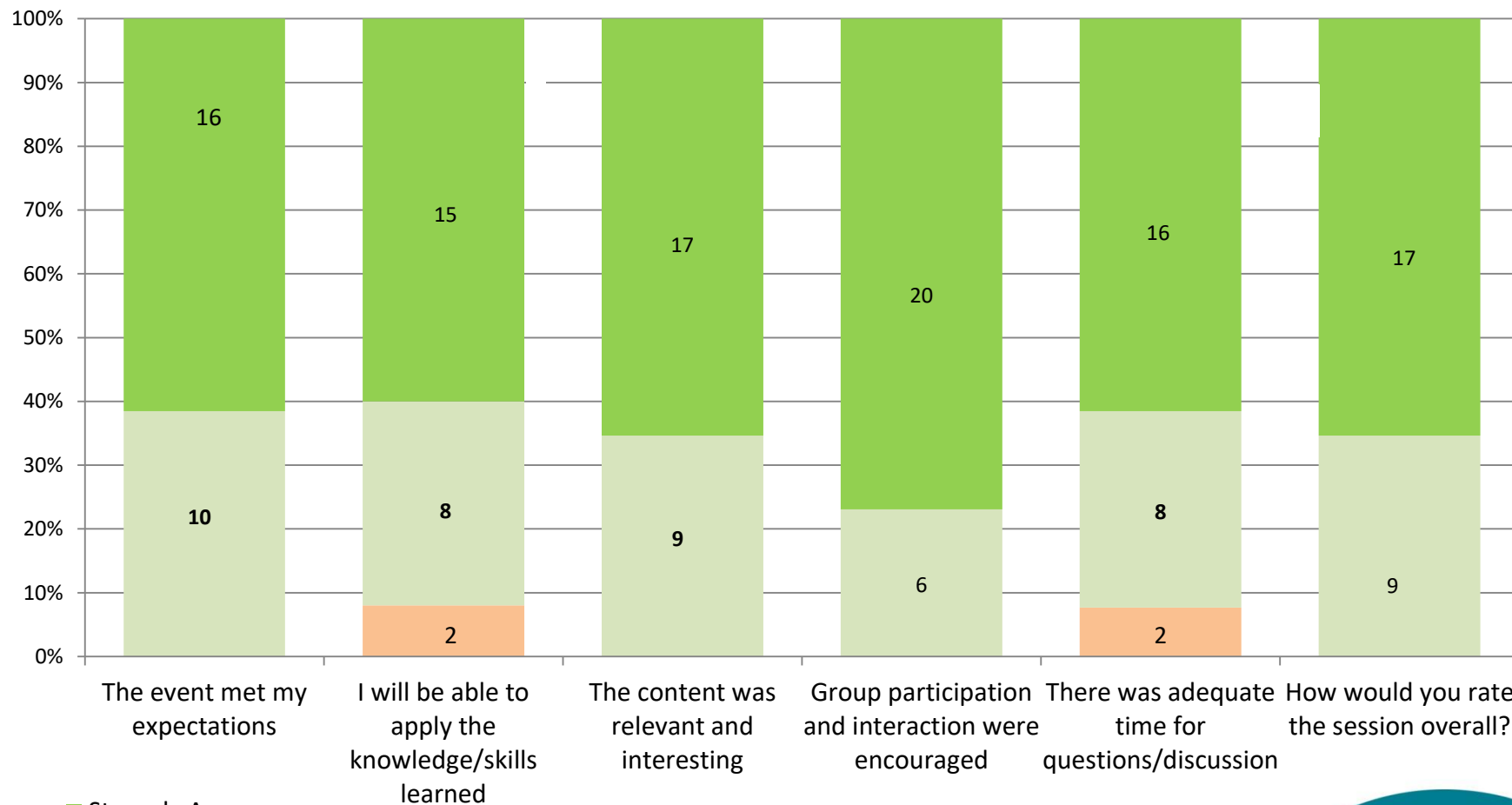




Wessex ESCAPE-pain Network 20-11-2019 Evaluation Slide Deck

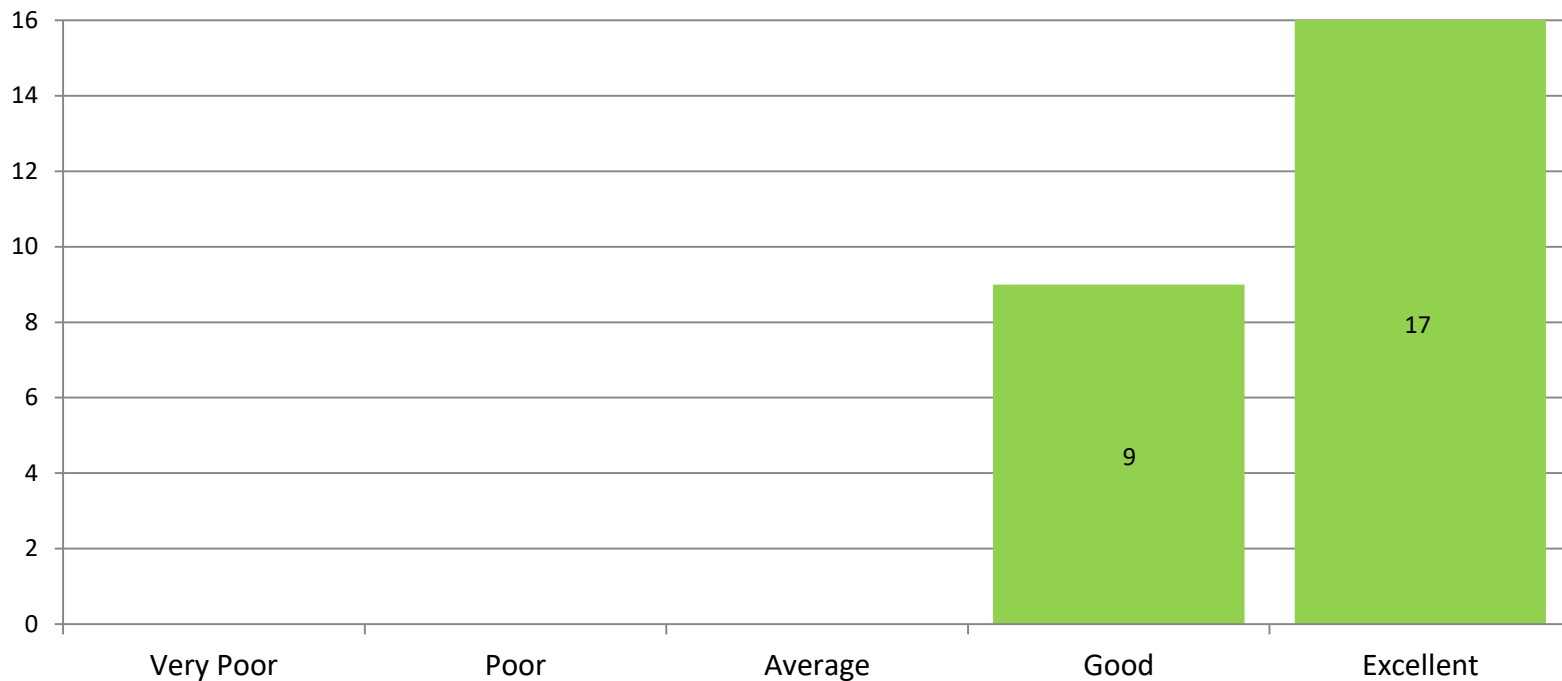
Wessex ESCAPE-pain Network – November 20th 2019



- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree



Overall how would you rate the event?



What did you like most about the afternoon?

1. Open forum with like minded people.
2. The discussions between different stakeholder groups and the site presentations – very uplifting.
3. Networking and finding out how others are delivering.
4. Great networking. Share ideas.
5. Hearing feedback and data from success of course from participants. Sustainability/carry over past 2 years.
6. Short snappy presentations.
7. Hearing feedback about other courses and to feel part of a bigger network.
8. The information given on data collected, but also to hear how other courses are running.
9. Meeting other providers of ESCAPE-pain.
10. Networking, sharing experiences.
11. Meeting other facilitators and gaining ideas on how to run/improve course.
12. Feedback from other areas implementing the programme and networking with other areas.
13. Ran to time very well. Enjoyed hearing from other organisations and how they are getting on.
14. Q&A panel.
15. Listening to other ideas.

What did you like most about the afternoon?

16. The Good news stories.
17. Meeting other instructors.
18. Good insight into implementation and success of ESCAPE-pain in NHS and non NHS environments. Better awareness of leisure centre links to facilitate implementation.
19. Sharing of success/challenges and workshop session.
20. Nice to discuss with other professionals in NHS and community how they are running ESCAPE and sharing ideas.
21. Getting info on joint led programmes in leisure centres. Meeting new people.
22. Networking. Awareness of national statistics.
23. Informative and interacting.
24. Information and interaction.



What Aspects of the afternoon could be improved?

1. Work shop feedback discussion. Needs to have more 2 way conversation in this part of the day.
2. None just more time and more of the same.
3. More data on impact to health services i.e. delay to patients needing surgery/impact on GP surgeries/other services.
4. The group work was useful maybe splitting the groups more strategically.
5. Data around long term benefit of ESCAPE-pain.
6. N/A.
7. More interactive parts.
8. Break up the presentations.
9. Group discussion with new people.
10. More examples of success off ESCAPE-pain from local level.
11. Nothing specific – well paced and useful.



What impact will this event have on your work/role?

1. Improved contact with the network. Implementation of ideas.
2. It's inspiring and motivational to see such great work across the region and helps with giving me some context for when the national programme comes to an end and the HIN will be required to step in and support sites more directly.
3. We will implement ideas to improve the courses.
4. Give ideas on how to promote sessions with EP instructors and other physios.
5. Aid my presentation re: EP.
6. More evidence of efficacy to take back to colleagues.
7. More confidence.
8. To encourage continuing the work we do – getting referrals and advertising in other ways.
9. Continued promotion.
10. Take away best practice.
11. Huge impact, now have a better idea how to promote course.
12. Evaluate how we can continue to implement the programme and work together.
13. Considering LT implications of ESCAPE classes and how we can have better carry over with our patients.

What impact will this event have on your work/role?

15. Info for ESCAPE-pain business case – Specifically on the benefits.
16. Improve knowledge of EP.
17. Ways to promote.
18. Positive. Reinforces the importance of the programme.
19. I will be reading back about current methods of delivery of ESCAPE-pain in particular leisure centres and benefits for patients.
20. Enable me to help spread the message and consider potential funding routes going forward.
21. Ideas of how to develop ESCAPE into the community.
22. Significantly. Lots of new ideas to take to own programme.
23. Improve referral to services.
24. After speaking to others running the programme, when we start we have a head start!
25. Positive move towards our imminent introduction of the course.



Any other comments?

1. Brilliant chance to network – thank you.
2. Future contact and support will be much appreciated.
3. Great afternoon thanks.
4. Fantastic day thank you.
5. It was a good information session and very helpful – not too much detail but enough to get the ‘juices’ flowing!



Break out group flip-charts

Increasing referral numbers – What has worked and any new innovative ideas.

Better in house training on what ESCAPE is and who is suitable.

Feedback to GP surgeries about who is and isn't referring.
Intermediate/interface MSK clinics/orthopaedic clinics – referrals/Rheum

Getting into GP surgeries to give a talk/explain the programme.

Facebook groups/promotion campaigns/ focus groups in community.

Get to PCN leads.

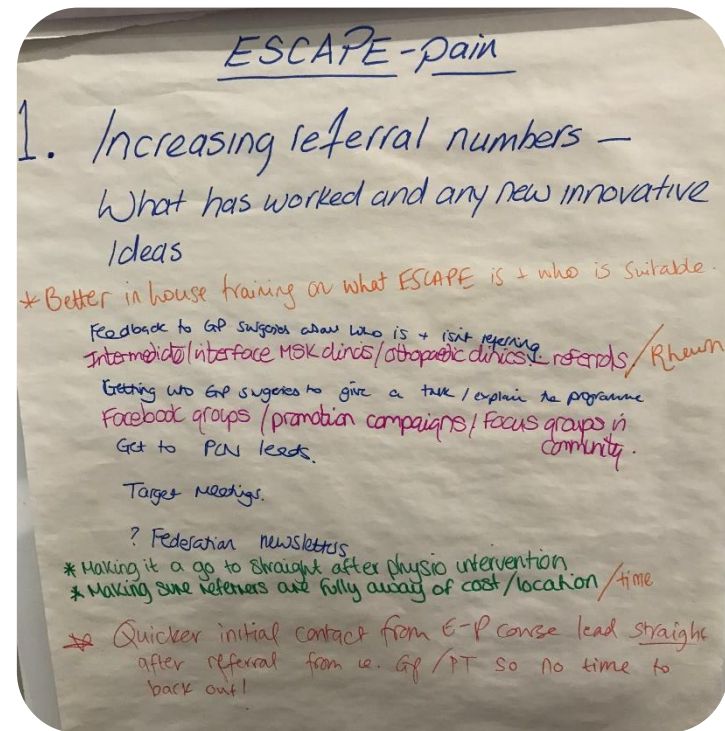
Target meetings.

? Federation newsletters.

Making it a go to straight after physio intervention.

Making sure referrers are fully aware of cost/location/time

Quicker initial contact from EP course lead straight after referral from i.e. GP/PT, so no time to back out!



Break out group flip-charts

Post ESCAPE-pain – ways to keep participants active. Are there useful long-term measures we can make?

During the course discuss 'exit route' / onward referral / signposting.

Data collection on arrival ↔ ESCAPE-pain.

Use the 2nd 6W of the exercise referral scheme to ensure engagement in other activities.

Link to health walk scheme.

Having ongoing classes in same location.

Invite EP instructors to meet participants prior.

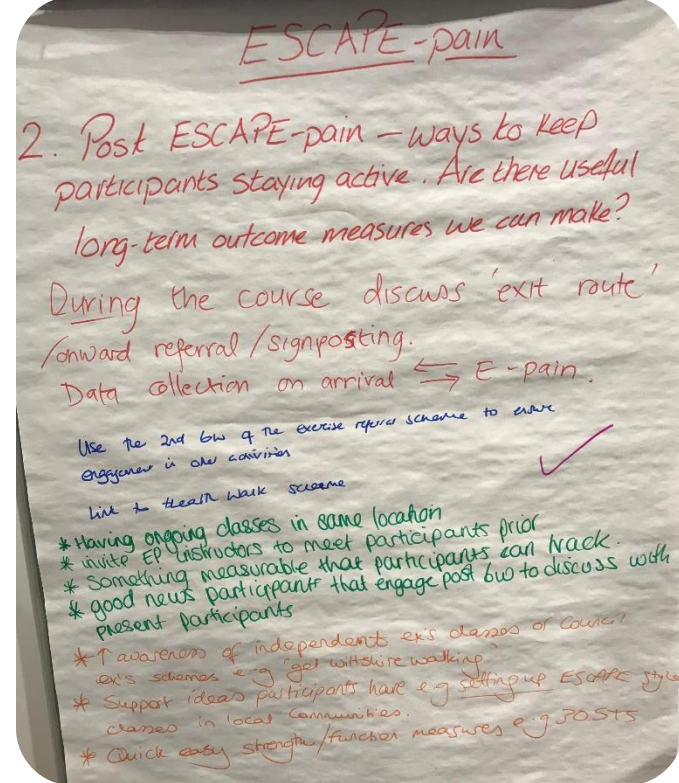
Something measurable that participants can track.

Good news participants that engage post 6W to discuss with present participants.

More awareness of independent exercise classes or Council exercise schemes e.g. 'get Wiltshire walking'.

Support ideas participants have of setting up ESCAPE style classes in local communities.

Quick easy strength/function measures e.g. 3OSTS.



Break out group flip-charts

What makes ESCAPE-pain a sustainable programme?

Participants pay = they value

Motivation of referrers and participants.

Cost savings – Class based V 1:1.

Promoting long term management – Ongoing pathway.

Social aspect improves adherence.

Specific course for OA hip and knee.

Relationships GP/PT/Leisure

The setting: hospital/leisure own staff and facilities accessibility (physically)

Feedback to referrers re: results of EP.

Higher awareness of participants and deliverers of EP marketing.

Payment from patients.

Importance of regular training.

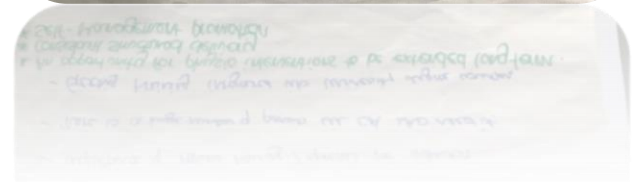
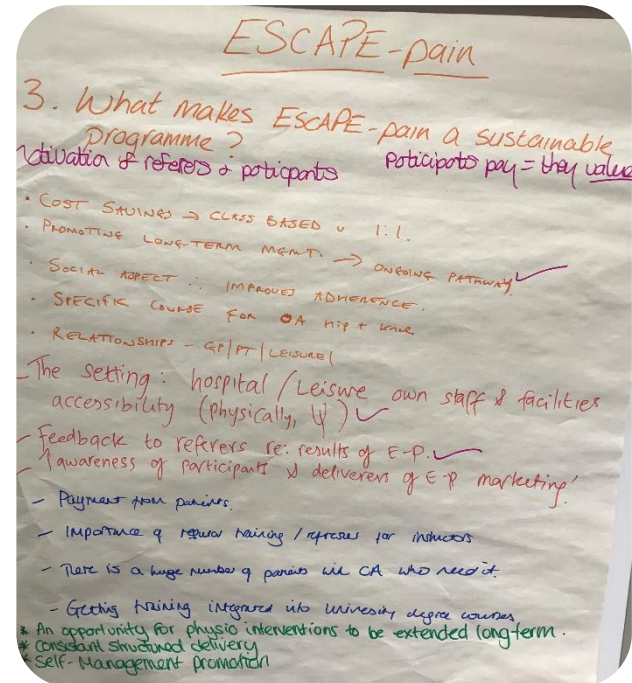
There are a huge number of patients with OA who need it.

Getting training integrated into University degree courses.

An opportunity for physio interventions to be extended long term.

Consistent structured delivery.

Self management promotion.



Break out group flip-charts

How can we best keep our network together and what else can we achieve?

Regular meetings, conferences, local and national.

Shared email/media group.

Continue to sustain/expand network/GP involvement.

ESCAPE-pain champions.

Update website – evidence, training updates on EBP – ensuring up to date delivery of classes.

Links between NHS and leisure centres and private practices (physios/sports therapists/Osteopaths/Chiros)

Newsletter updates – best practice.

Participant information post ESCAPE-pain – letter?

CPD.

Workplace exercise?

Spread of EP back programme – other body parts.

General promotion of exercise and pain education.

i.e. 'Women's only' classes/ lower threat of access.

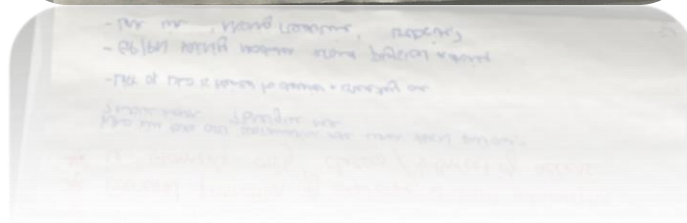
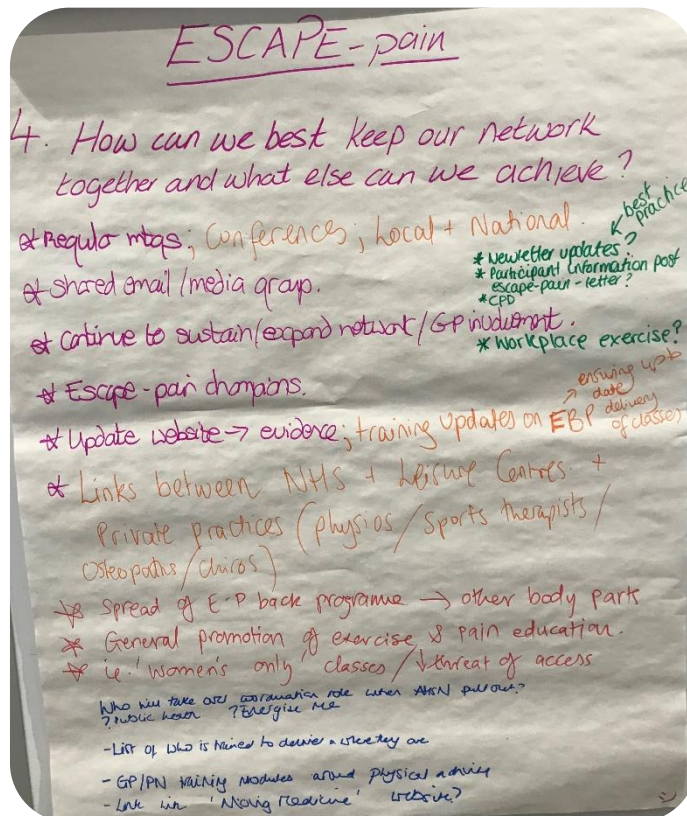
Who will take over coordination role when AHSN pull out?

Public Health? Energise Me?

List of who is trained to deliver and where they are.

GP/PN training modules around physical activity.

Link with 'Moving medicine' website?



Break out group flip-charts

What continued support would you like from Wessex AHSN and the Health Innovation Network?

Training funding support.

Continued updates.

Facilitators facebook (maybe email too)

CPD opportunities?

Class visits.

Continued research updates clinical/non clinical.

Handouts for participants?

Online handout.

Group facebook page – participants share contact details/journey.

Support collecting info on how participants are 3/12, 6/12, 12/12 post course – Could this help improve hip and knee pathway in the NHS.

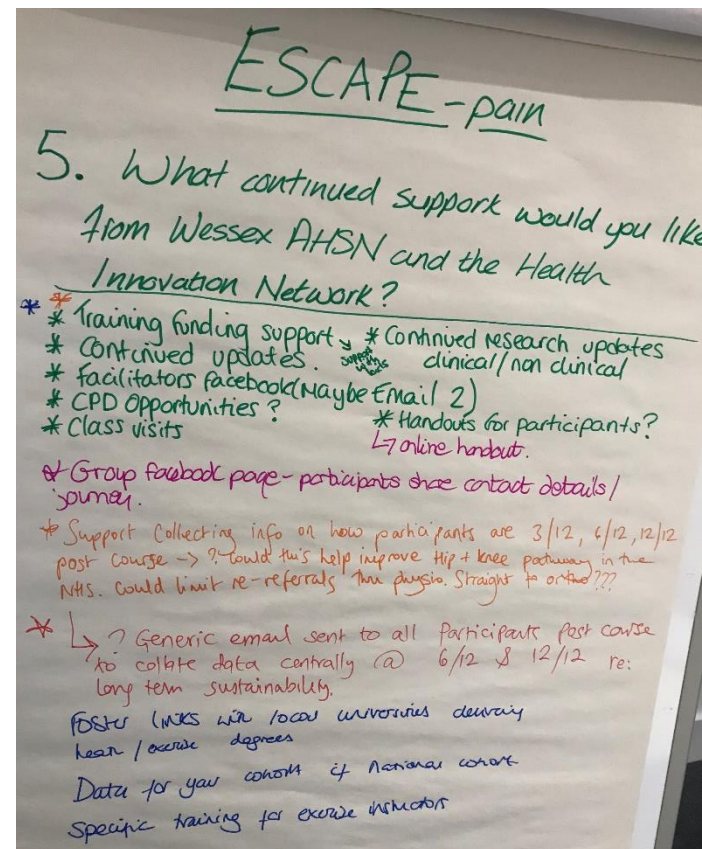
Could limit re-referrals then physio straight to ortho?

Generic email sent to all participants post course to collate data centrally @ 6/12 and 12/12 re: long term sustainability.

Foster links with local universities delivering health/exercise degrees.

Data for your cohort if national cohort

Specific training for exercise instructors.



Light Bulb moments



1. Promotion to other secondary care services allowing them to bypass PT clinic.
2. Gives participants confidence to exercise and keep active (BHL Active – lady in wheelchair sessions)

