

ESCAPE-pain Benefit Statement

Who can benefit from the programme?

People with osteoarthritis

Across the UK, OA affects nearly 10m people, causing pain, reduced mobility, impaired physical, mental and emotional well-being, independence and quality of life, increases the risk of co-morbidity and mortality.

These problems are increasing rapidly as more people live longer and levels of inactivity and obesity (important risk factors for OA) increase. By 2030 the number of people with joint pain will double, dramatically increasing the pressure on health and care services.

Despite its prevalence, OA is managed poorly. Most people are maintained on long term analgesia, even though this is ineffective, unpopular, expensive and risks serious side-effects. Joint replacement is invasive, expensive, availability limited, unpopular and contra-indicated in many older people. Consequently, people endure many years of unnecessary pain and disability. In general, people with OA are unhappy with their management, which they regard as ineffective.

NHS Organisations

90% people with OA are managed by GPs. It accounts for 2 million GP consultations and ~150,000 knee/hip replacements, making it the third largest NHS expenditure. It causes 36m lost working days and accounts for ~£480/person/year out-of-pocket expenses. The total health, social welfare and societal costs is £3.2 billion, ~1% of GDP.

To **NHS Commissioners**, the ESCAPE-pain Programme presents the following opportunities:

- i) to reduce secondary care costs i.e. knee-pain related outpatient attendances (orthopaedics), diagnostics, and surgical (orthopaedic) procedures
- ii) to reduce physiotherapy costs by treating patients in groups rather than one to one (extent of saving will depend on first: follow up ratio currently offered to knee/hip OP patients),
- iii) to meet requirements to deliver against the Right Care programme (Escape-pain is recommended by Right Care for Long Terms Conditions)
- iv) to meet requirements to prevent ill health and support people to live healthier lives

To **NHS Providers** ESCAPE-pain is cheaper to deliver than 1:1 physiotherapy as patients are seen in a group, and the programme can be run with (well-trained) more junior physiotherapists or rehab assistants, and funding through a range of tariffs/commissioning models.

In **Primary Care** ESCAPE-pain offers an opportunity to reduce the number of GP consultations for knee pain and reduce prescriptions of painkillers for this group.

The **Clinicians/ Practitioners** delivering the class give great feedback on the ESCAPE-pain. It provides a positive experience where they know they are delivering evidenced based care, but also they see the benefit that it gives to patients over the classes.

The leisure and community sector Clinical outcomes obtained in physiotherapy departments have been replicated when the programme was first piloted in the leisure and community sector. ESCAPE-pain is spreading in the leisure and community sector and provision in these areas will increase significantly in the period 2018-19 thanks to a grant from Sport England. Leisure providers are becoming increasingly interested in the programme as they try to attract older people to join as members and rebrand their gyms as “health centres”.

Public health Increasing physical activity levels, particularly among sedentary audiences, has significant public health implications around reducing co-morbidities and managing other long-term conditions that these patients are at higher risk of. Public Health England is making MSK a priority for 2018-19 and has activities promoted and supported ESCAPE-pain.

Department of Work and Pensions. Osteoarthritis causes 36m lost working days. DWP has expressed interest in the ESCAPE-pain programme, although this has not led to any joint working yet.

What will the programme deliver?

Enabling Self-management and Coping of Arthritic Pain through Exercise, ESCAPE-pain, is a rehabilitation programme for people with osteoarthritis integrating education and exercise. Robust evaluation shows that the programme helps people understand of their problem, advises them what to do, what not to do and they experience how simple exercises can alleviate pain, allow them to do more, change the course of the condition and improve their lives.

The programme is designed for people over 45 years, who have chronic knee and/or hip pain. It runs over 12 sessions (2 sessions a week for 6 weeks), each session comprises of:

- an **education** component (25-minutes) consists of group themed discussion led by a supervisor that covers possible causes of joint pain, its prognosis, advice about simple pain self-management and coping strategies (heat, ice, rest-activity cycling, relaxation).

- an **exercise** component (45-minutes) involves participants doing a personalised, progressive exercise regimen to increase strength, endurance and function. Each person works within their capabilities and at their own pace, but they are continually encouraged and challenged to nudge the boundaries of their capabilities.

An **app** and a **webapp** replicating the programme are available free of charge for people to continue to exercise in their own time.

Although implementation models for ESCAPE-pain are flexible, the following core tenets have been identified as being fundamental to the ESCAPE-pain programme:

- Each cohort must include a minimum of 10, ideally 12 sessions
- It must include both education and exercise
- Participants must progress through the Programme as a group i.e. start and end together
- The agreed outcome measure data must be collected and shared with the ESCAPE-pain team
- The Programme can only be delivered by facilitators who attended the ESCAPE-pain training.

ESCAPE-pain benefits: description, how they are measured, how they convert into value

1. ESCAPE-pain is evidence based and has received ringing endorsements

Significant [research evidence](#) has been published on the benefits of the ESCAPE-pain programme, some following participants for up to 30 months after the end of the programme. In addition, clinical outcomes continue to be collected by ESCAPE-pain sites. [Data for over 15,000 participants](#) confirm that the benefits of the programme identified in the clinical trials are replicated in the real world.

ESCAPE-pain is [NICE](#) and [QIPP](#) approved, included in the [Richmond Group's "Doing the Right Thing" report](#), endorsed by [Arthritis Research UK](#) and recommended by [NHS Right Care](#). Public Health England has recommended ESCAPE-pain in their report [Return on Investment of Interventions for the Prevention and Treatment of Musculoskeletal Conditions](#) (positive ROI of £5.20 for every £1 spent on the intervention). Prof Mike Hurley has been awarded a [NIA fellowship 2017](#) for his work on the programme. We have recently been awarded [a grant by Sport England](#) to support the spread of ESCAPE-pain the community.

2. ESCAPE-pain has been independently identified as the gold standard intervention for OA when compared to similar programmes.

ARUK Review <http://www.arthritisresearchuk.org/~media/Files/Policy%20files/Reports/evidence-review-panel-physical-activity-report-april-may-2016.ashx?la=en>. In 2016 Arthritis Research UK decided to identify the best rehabilitation programme for the self-management of OA and recommend it be adopted nationally. They formed an expert panel of people involved in MSK, primary care and physical activity. The panel ranked four packages identified from a systematic literature search (Fit and Strong, Stanford, ESCAPE-pain and GLA:D). ESCAPE-pain was ranked highest because of its:

- robust evidence base showing efficacy and health economics
- established track record of delivery in NHS setting
- suitability for implementation in primary- and secondary-care settings.

Stanford programme is the basis of several pain management programmes, including Arthritis Care and Health Foundation. Its implementation has been severely limited due to large variability in content, delivery, effectiveness, poor uptake and significant copyright issues.

3. ESCAPE-pain reduces pain and improves physical function.

This benefit is measured through the clinical outcomes (initially the Western Ontario McMasters Index, WOMAC, latterly the Knee Osteoarthritis Outcome Score, KOOS) which is collected pre and post an ESCAPE-pain cohort. Additional evidence shows that these benefits are sustained up to 30 months after the end of the programme.

4. ESCAPE-pain improves the psychosocial consequences of pain.

This benefit is measured through clinical outcome (initially Hospital anxiety and Depression Scale, HADS, latterly Short Warwick Edinburgh Mental Wellbeing Score, SWEMWS), which is collected pre and post an ESCAPE-pain cohort. Participant feedback also show the programme

alters people's beliefs and behaviours about the role of exercise in the management of OA and gives them self-management strategies they can use to control their problems and alter the course of their condition.

5. ESCAPE-pain is easy to implement

ESCAPE-pain is a packaged intervention that comes with bespoke training and a range of implementation resources and advice that can be tailored to the needs of the individual provider. In addition to the course material, resources available to anyone interested in ESCAPE-pain includes an implementation toolkit, template posters and leaflets, template welcome letter, advice on recruitment and retention, clinical outcomes guidance, data collection template and a template business case.

ESCAPE-pain has been rated 11/12 for ease of implementation in the [NICE/QIPP](#) case-study.

6. ESCAPE-pain can be delivered in a range of settings and by a range of professionals.

ESCAPE-pain can successfully be delivered outside of the NHS in the leisure sector, community or church hall as it only needs basic equipment and trained facilitators. Thanks to the bespoke training programme developed by the HIN physiotherapists, osteopaths, rehab assistants and suitably qualified exercise instructors can be trained to deliver ESCAPE-pain.

The cost of delivering ESCAPE-pain in an NHS physiotherapy department and using a band 7 Physiotherapists as a facilitator is £163 per participant. This can be significantly reduced by delivering the programme outside clinical setting and training up exercise instructors and rehab assistants to deliver the programme.

7. ESCAPE-pain reduces healthcare and utilisation costs.

Summary of Saving Opportunities

ESCAPE-pain is inexpensive compared to normal physiotherapy at £163 per participant per programme, when delivered in clinical setting by a band 7 physiotherapist ([Jessep 2009](#)). Extrapolation from our economic evaluation ([Hurley 2007b](#), [Hurley 2012](#)) suggests that for every 1,000 participants who undertake ESCAPE-pain there are potential savings (2015 prices) of:

- £20,280/annum in medication
- £59,560/annum in community-based care (GP consultations, district nurse, social care contacts)
- £1,416,700/annum in total health and social care (hospital services – inpatients days; outpatients, A&E and other consultations)

A proportion of savings are cash-releasing, but others equally importantly save much needed clinical time.

Public Health England has recommended ESCAPE-pain in their independently published report [Return on Investment of Interventions for the Prevention and Treatment of Musculoskeletal Conditions](#) (positive ROI of £5.20 for every £1 spent on the intervention).

More information can be found on the attached slides.



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ESCAPE-pain is a fully packaged, low risk intervention that can safely be delivered by more junior staff members such as band 4-6 physios, which would be bring the cost down to ca £96 per participant generate even greater financial benefits. The programme has been delivered successfully in leisure/community setting and led by suitably qualified and trained exercise instructors at the cost of £45 per participant.