An update and overview of ESCAPE Pain sites in the North East and North Cumbria

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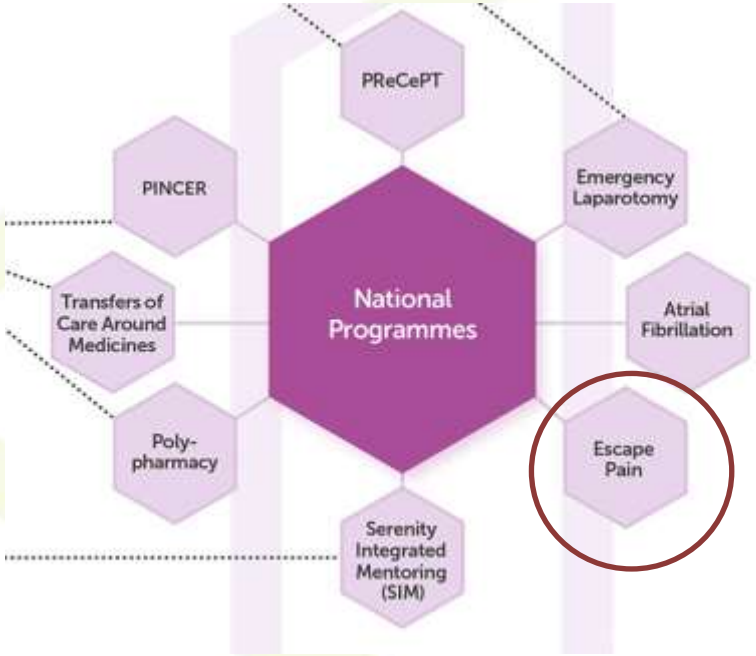
Recap



Nationally funded programme (NHSE) over two years (April 2018-March 2020)

AHSNs to help spread

'ESCAPE Pain' (**E**nabling **S**elf-management and **C**oping with **A**rthritic **P**ain using **E**xercise)

For people **age 45+**

With **hip and knee osteoarthritis**

Delivered by physiotherapists or fitness instructors

The core four: What makes it ESCAPE-pain?

1. Two sessions per week over 5-6 weeks (10-12 sessions)
2. Each session includes an exercise and education component
3. Each group of participants begin and end the programme together
4. Collecting outcome data and share with us

Evidence-based

Arthritis Care & Research
Vol. 64, No. 2, February 2012, pp 238–247
DOI 10.1002/acr.20642

ORIGINAL ARTICLE

Long-Term Outcomes and Costs of an Integrated Rehabilitation Program for Chronic Knee Pain: A Pragmatic, Cluster Randomized, Controlled Trial

M. V. HURLEY,[1] N. E. WALSH,[2] H. MITCHELL,[3] J. NICHOLAS,[4] AND A. PATEL[4]

Objective. Chronic joint pain is a major cause of pain and disability. Exercise and self-management have short-term benefits, but few studies follow participants for more than 6 months. We investigated the long-term (up to 30 months) clinical and cost effectiveness of a rehabilitation program combining self-management and exercise: Enabling Self-Management and Coping of Arthritic Knee Pain Through Exercise (ESCAPE-knee pain).
Methods. In this pragmatic, cluster randomized, controlled trial, 418 people with chronic knee pain (recruited from 54

Arthritis & Rheumatism (Arthritis Care & Research)
Vol. 57, No. 7, October 15, 2007, pp 1211–1219
DOI 10.1002/art.22995

ORIGINAL ARTICLE

Clinical Effectiveness of a Rehabilitation Program Integrating Exercise, Self-Management, and Active Coping Strategies for Chronic Knee Pain: A Cluster Randomized Trial

M. V. HURLEY,[1] N. E. WALSH,[2] H. L. MITCHELL,[3] T. J. PIMM,[4] A. PATEL,[1] E. WILLIAMSON,[5] R. H. JONES,[1] P. A. DIEPPE,[6] AND B. C. REEVES[7]

Objective. Chronic knee pain is a major cause of disability and h
efficacy, cost, and side effects associated with usual primary care.
affordable alternative. We compared the effectiveness of a rehabilit
and active coping strategies (Enabling Self-management and Copin
knee pain]) with usual primary care in improving functioning in
Methods. We conducted a single-blind, pragmatic, cluster rando
reporting knee pain for >6 months, were recruited from 54 inner-ci
randomized to continued usual primary care (i.e., whatever interv
appropriate), usual primary care plus the rehabilitation program
care plus the rehabilitation program delivered to groups of 8 p
functioning (Western Ontario and McMaster Universities Osteoar
months after completing rehabilitation.
Results. A total of 418 participants were recruited; 76 (18%) withd
participants had better functioning than participants continuing u
score; 95% confidence interval [95% CI] −5.33, −0.78; P = 0.0
received individual rehabilitation (−3.53; 95% CI −6.52, −0.55)
Conclusion. ESCAPE-knee pain provides a safe, relatively brief
effective whether delivered to individuals or groups of participant

KEY WORDS. Integrated rehabilitation; Knee pain.

INTRODUCTION

Chronic knee pain is regarded as a mundane, inevitable, unmanagable consequence of aging. This overlooks the suffering, physical disability (1–4), psychosocial distress (5), health care expenditure (6–8), and socioeconomic bur-

Arthritis & Rheumatism (Arthritis Care & Research)
Vol. 57, No. October 15, 2007, pp 1220–1228
DOI 10.100
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ORIGINAL ARTICLE

Economic Evaluation of a Rehabilitation Program Integrating Exercise, Self-Management, and Active Coping Strategies for Chronic Knee Pain

M. V. HURLEY,[1] N. E. WALSH,[2] H. L. MITCHELL,[3] T. J. PIMM,[4] E. WILLIAMSON,[3] R. H. JONES,[1] B. C. REEVES,[5] P. A. DIEPPE,[7] AND A. PATEL[3]

Objective. To conduct an economic evaluation of the Enabling Self-Management and Coping with Arthritic Knee Pain through Exercise (ESCAPE-knee pain) program.
Methods. Alongside a clinical trial, we estimated the costs of usual primary care and participation in ESCAPE-knee pain delivered to individuals (Indiv-rehab) or groups of 8 participants (Grp-rehab). Information on resource use and informal care received was collected during face-to-face interviews. Cost-effectiveness and cost-utility were assessed from between-group differences in costs, function (primary clinical outcome), and quality-adjusted life years (QALYs). Cost-effectiveness acceptability curves were constructed to represent uncertainty around cost-effectiveness.
Results. Rehabilitation (regardless of whether Indiv-rehab or Grp-rehab) cost £224 (95% confidence interval [95% CI] £184, £262) more per person than usual primary care. The probability of rehabilitation being more cost-effective than usual primary care was 90% if decision makers were willing to pay £1,900 for improvements in functioning. Indiv-rehab

Hurley et al. BMC Musculoskeletal Disorders 2010, 11:31
http://www.biomedcentral.com/1471-2474/11/31

BMC Musculoskeletal Disorders

RESEARCH ARTICLE Open Access

Health beliefs before and after participation on an exercised-based rehabilitation programme for chronic knee pain: Doing is believing

Michael V Hurley*, Nicola Walsh, Vanita Bhamani, Nicky Britten, Fiona Stevenson

Abstract

Background: To explore the health beliefs, experiences, treatment and expectations of people with chronic knee pain, and investigate if, how and why these change after taking part on an integrated exercise-based rehabilitation

ARTICLE

In Osteoarthritis, the Psychosocial Benefits of Exercise Are as Important as Physiological Improvements

Michael V. Hurley, Helene L. Mitchell, and Nicki Walsh
Rehabilitation Research Unit, Physiotherapy Division, King's College London, Dulwich Hospital

HURLEY, M. V., H. L. MITCHELL, and N. WALSH. In osteoarthritis, the psychosocial benefits of exercise are as
ol. 31, No. 3, pp. 138–143, 2003. *Exercise has a major role*
ical improvements on muscle function. However, exercise also
—facilitating appropriate health beliefs, behaviors, pain
siological effects. **Keywords:** osteoarthritis, exercise,

ODELS OF ILL HEALTH

The "traditional" biomedical model of ill health posits that
athologic characteristics or injury impair normal anatomic
physiological function giving rise to pain and disability
ig. 1A). According to the biomedical model, OA is the
nsequence of a lifetime of mechanical (ab)use that causes
int damage, physiological dysfunction, and impairment.
hese changes lead to greater pain and disability, and inter-
entions that correct this dysfunction reduce symptoms.
ased on the premises of the biomedical model of OA,
uscle sensorimotor dysfunction (weakness, fatigue, and pro-
rioceptive deficits) may be a contributory factor in the
athogenesis of OA (6). Exercise-induced improvements in
ain and disability usually have been considered to be med-
ated by physiological improvements in muscle strength,
ndurance, proprioceptive acuity, and joint stability (6).
owever, the biomedical model of OA is too simplistic and
annot explain why people with advanced joint damage
equently report less pain than people with minimal joint

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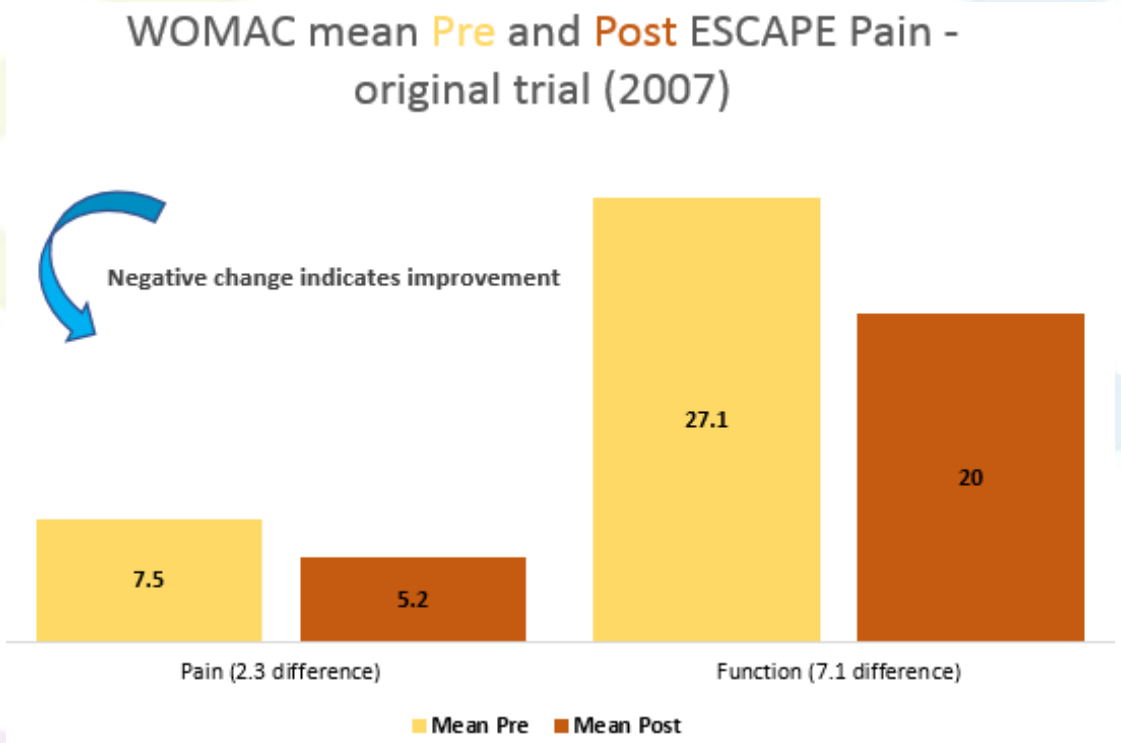
Clinical outcomes: Trial vs. 'real world'



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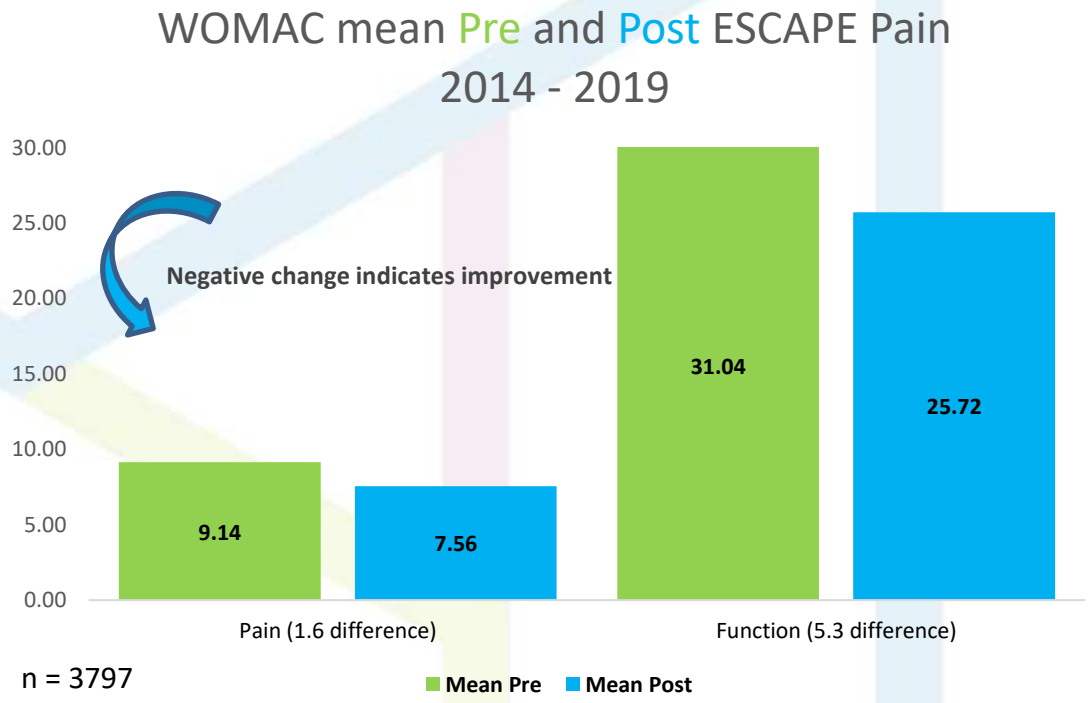


n = 3797

Objectives

- To explore and identify **models for delivery and implementation**
- To support providers to implement ESCAPE Pain
- To have at least **one ESCAPE Pain site in each region of the North East and North Cumbria**
- To ensure ESCAPE Pain is accessible to as broad a range of clients as possible
- To ensure delivery partners are trained and suitably qualified (according to the requirements set out by Health Innovation Network; HIN) – see Appendix I
- To increase awareness of ESCAPE Pain and promote and celebrate successes (social media, case studies, forum etc)
- Develop an increased understanding of the **factors needed for successful implementation** of ESCAPE Pain
- To contribute to the **evidence base and ongoing evaluation of ESCAPE Pain** to demonstrate improved outcomes
- Development of collaborative relationships with HIN, ARUK (now Versus Arthritis) and NHS RightCare

Progress To Date – Models of delivery

Leisure led

GLL better for everyone

active Northumberland

SOUTH TYNESIDE LEISURE

Physio led

NHS Cumbria Partnership NHS Foundation Trust

NHS Northumbria Healthcare NHS Foundation Trust

NHS North Tees and Hartlepool NHS Foundation Trust

NHS Tyneside Integrated Musculoskeletal Service

NHS County Durham and Darlington NHS Foundation Trust

NHS South Tyneside and Sunderland NHS Foundation Trust

Occupational Health / Council led

Gateshead Council

DARLINGTON BOROUGH COUNCIL

South Tyneside Council

Community focused

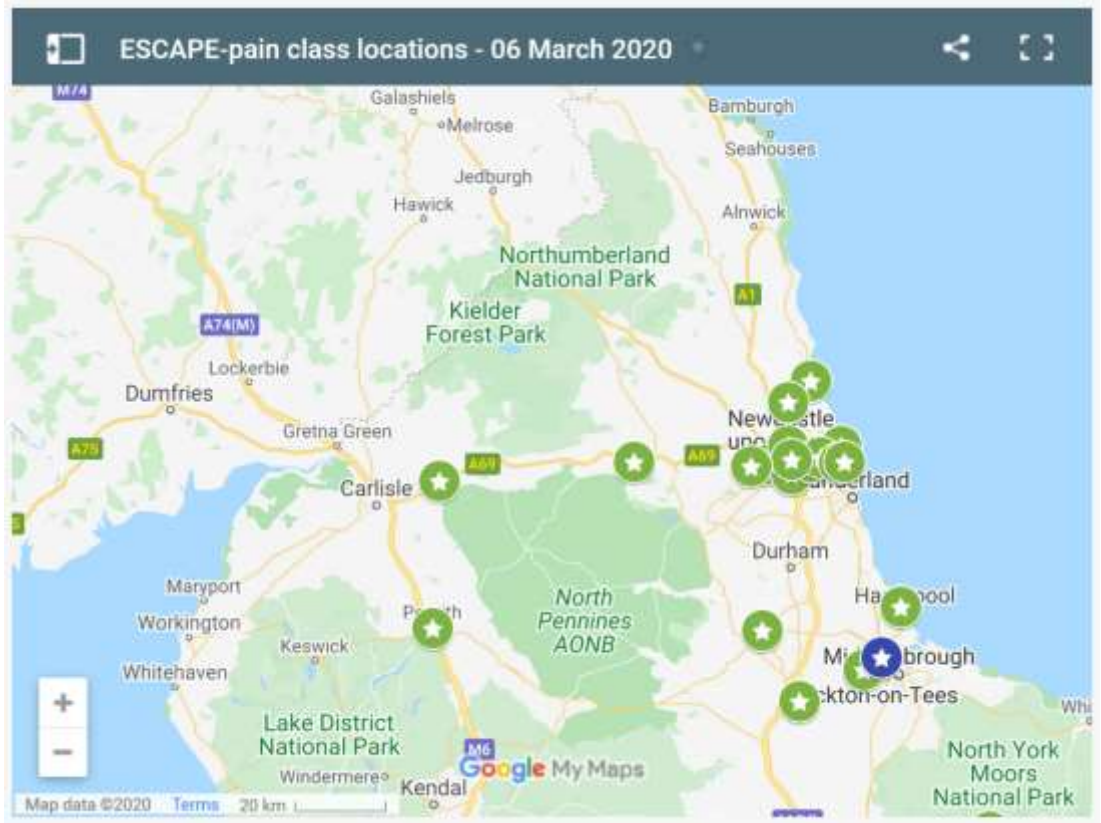
HealthWORKS

LIFE thelifeprogramme.org.uk

ACTS age concern TYNESIDE SOUTH

IMAGINE PHYSIOTHERAPY CLINICAL PILATES

GATESHEAD OLDER PEOPLE'S ASSEMBLY



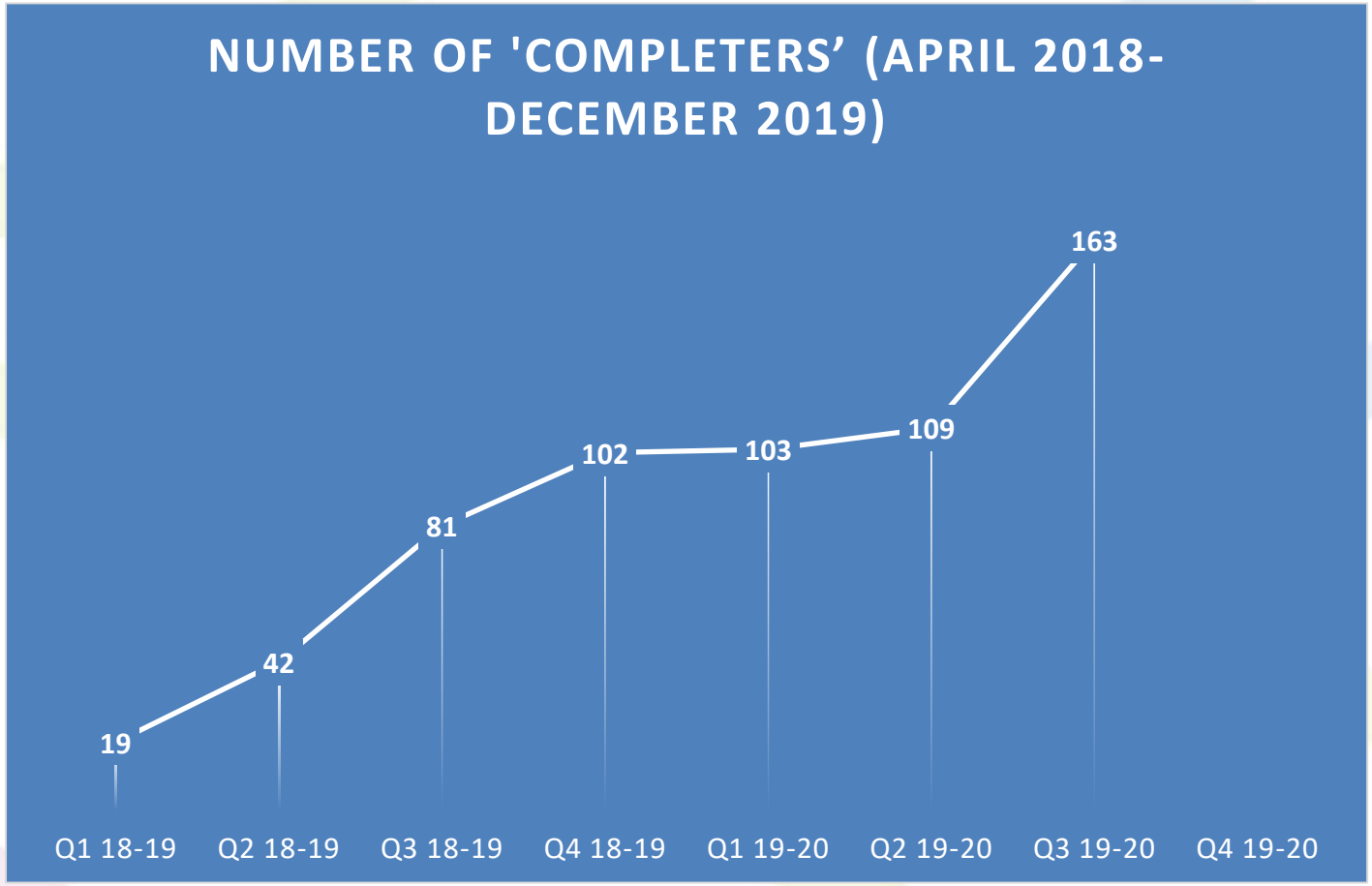
https://escape-pain.org/find-a-local-class
https://www.ahsn-nenc.org.uk/what-we-do/improving-population-health/escape-pain/escape-pain-classes/

Progress To Date – Sites in NENC

20 active sites (Q4 2019/20)

+1 in planning (South Tees/ Northallerton)

Progress To Date – People Benefitting in NENC



Year	Totals
2018/19	244
2019/20 (up to Q3)	375 (528 predicted)
	619 (772 predicted)

Your ESCAPE-pain in numbers…

c.631

Participants who completed ESCAPE-pain between Apr-18 and Dec-19

131

Staff members trained

£954,072

saved in the health and social care sector over 2.5 years based on the number of completers in the North East and North Cumbria.

"A research study (Hurley et al 2012) followed people for two and a half years after the programme, and showed that people who had been on the programme had lower healthcare utilisation costs – £1,118 lower per person – two and a half years after completing the programme. Updating these prices to 2016/7 prices (using PSSRU.ac.uk database), that's £1,512 per person over a two-and-a-half year period. This includes things such as reduced use of A&E services, medical consultations, referrals, investigations (x-rays MRI scans); reduced use of analgesia and gastro-protective agents, and side effects of medication. The papers can be accessed here: https://escape-pain.org/aboutus/research

Reflections On Implementation

- Collaboration and partnerships
- Champions
- Local context (culture, MSK pathways, commissioning, access to facilities, fit with current provision, staffing)
- Working with the willing!
- Understanding demand (MSK calculator and costing models)
- Openness to a variety of delivery models
- Understanding and harnessing existing referral pathways
- Trying out different funding models

- Cost of training
- Cost of delivery
- Fidelity to the programme
- Sustainability
- Continual Improvement
- ‘Follow on’ services

Contacts

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