

ESCAPE Pain National Outcomes and Sport England Evaluation

Margaret Connolly

Senior Project Manager- Musculoskeletal Health Innovation Network

&

Helen Sheldon

ESCAPE Pain Evaluation Officer

Health Innovation Network



National update

Margaret Connolly & Helen Sheldon

MSK Project Manager HIN Evaluation Manager



@HINSouthLondc@escape_pain

healthinnovationnetwork.com

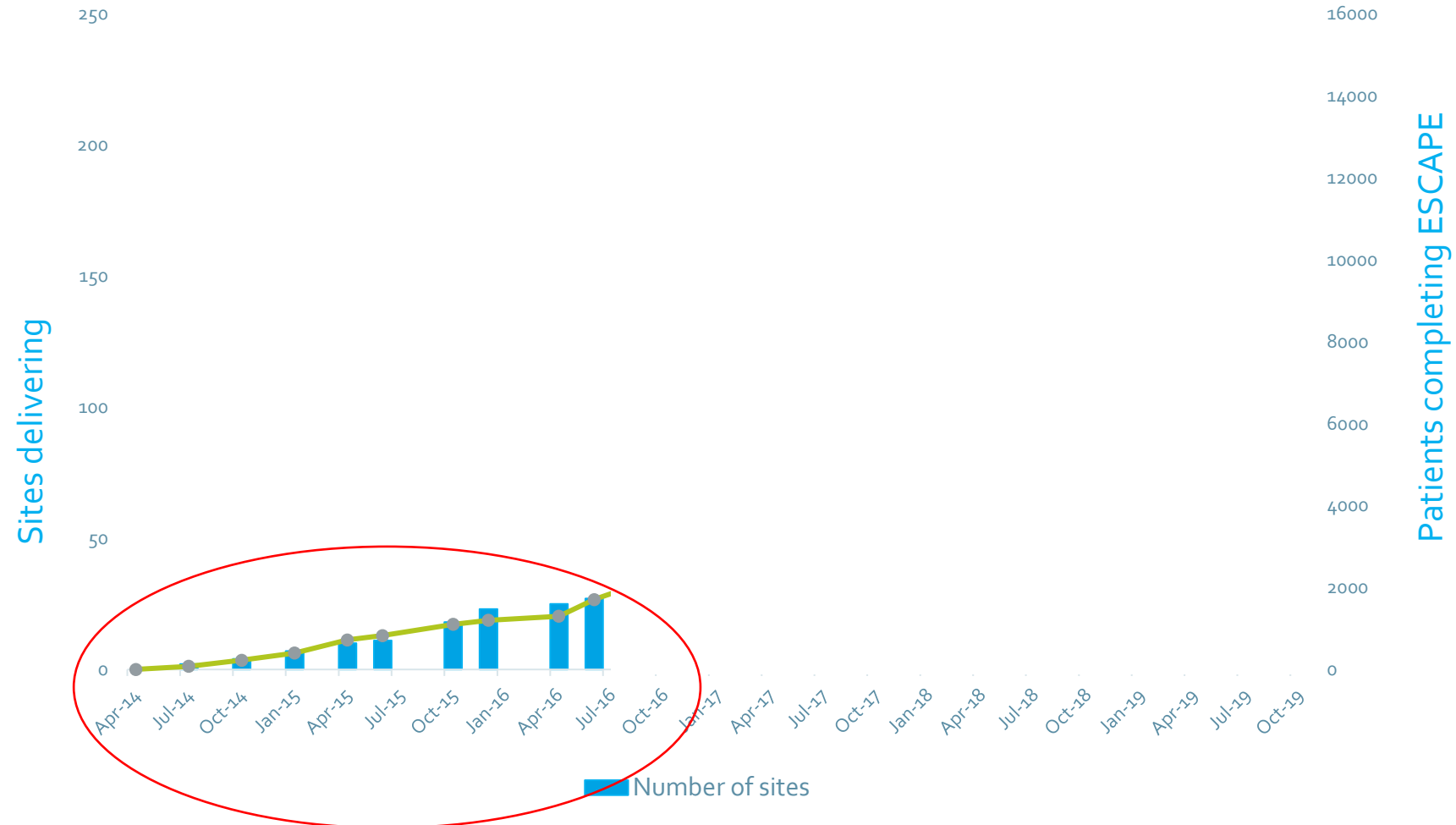
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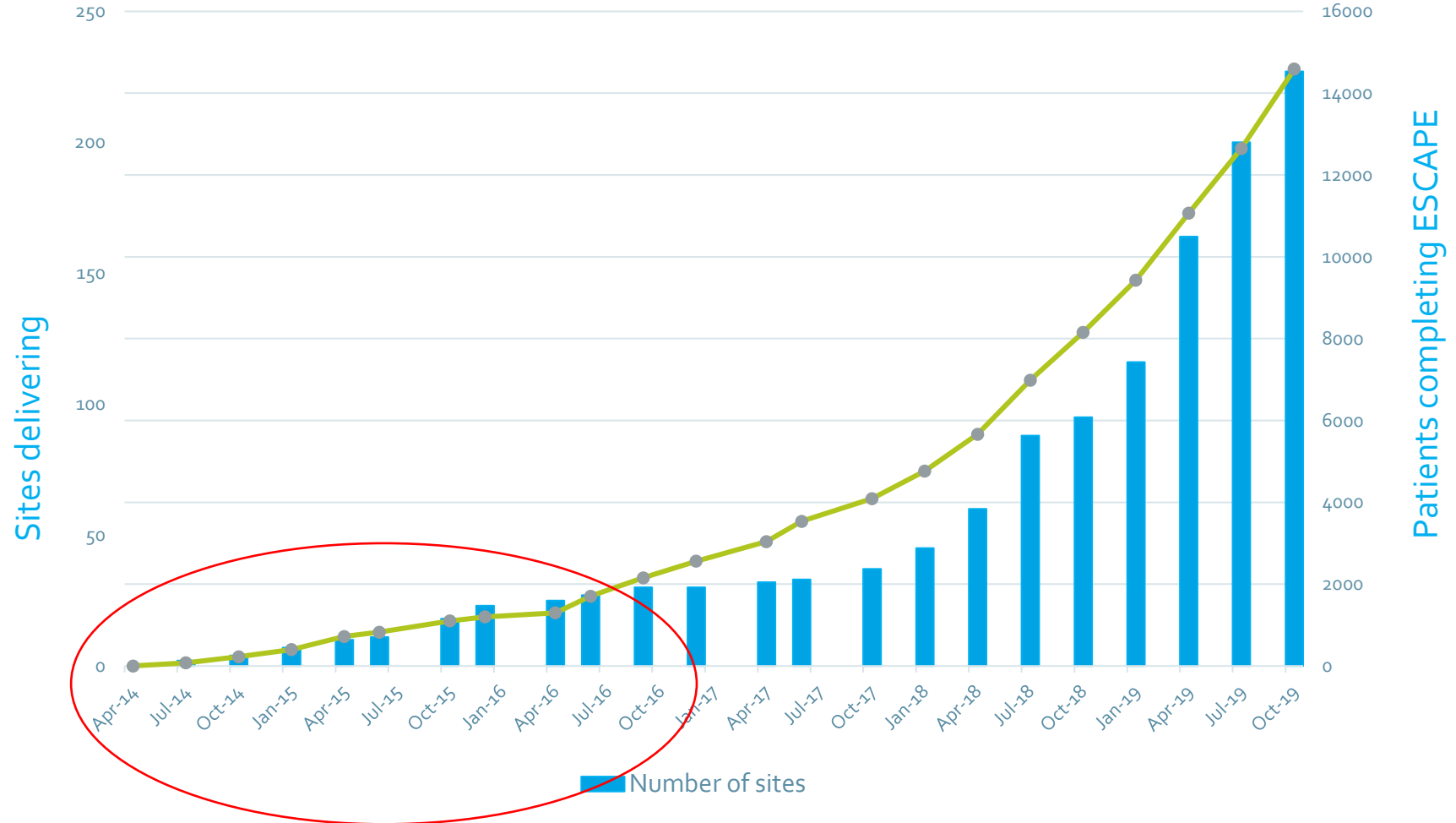
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Growth of ESCAPE-pain



Growth of ESCAPE-pain





**VERSUS
ARTHRITIS**

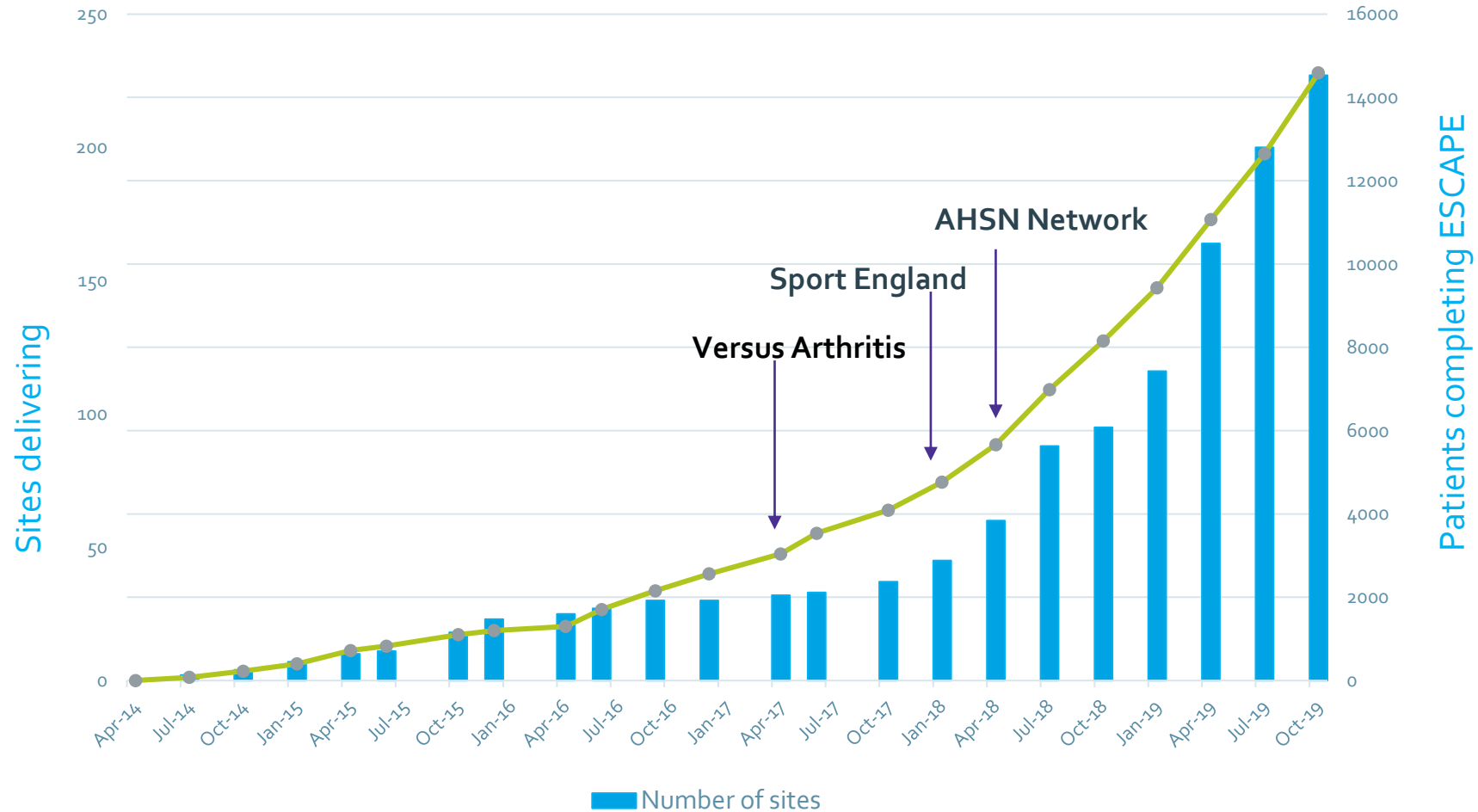


Public Health
England



The AHSN Network

Growth of ESCAPE-pain



ESCAPE-pain at a glance



280+
Sites running
ESCAPE-pain



20,000
Participants
through the
programme



1,212+
Trained to deliver
ESCAPE-pain



£5.20
ROI for every £1
spent (PHE)

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Clinical outcomes
still replicating
RCT findings,
both in NHS and
non-NHS settings



Ever learning, ever developing.....

Numerous funding and delivery models

Interest from Primary Care (PCNs, personalised care, social prescribing)

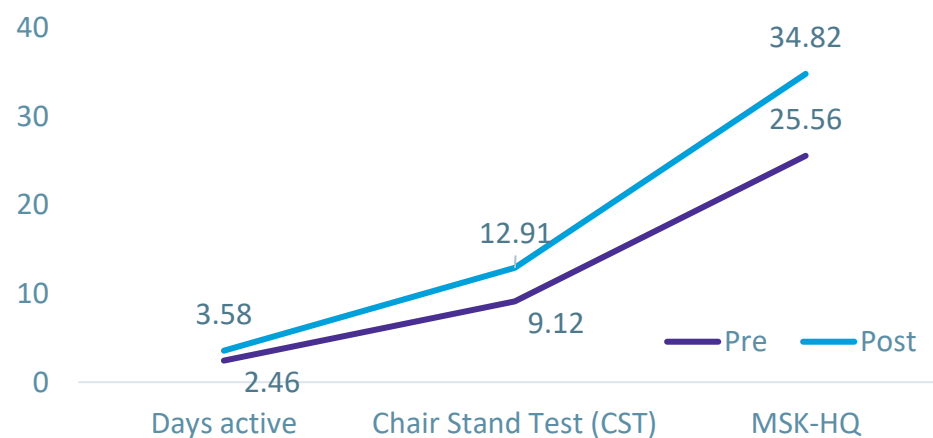
Digital data collection – participant-led

ESCAPE-pain for backs

ESCAPE-pain for backs

- >280 participants
- outcomes data show improvements in physical function and quality of life
- 6 sites, 4 London Trusts
- 42 facilitators trained
- 7 new organisations recruited (clinical and leisure) for second wave
- On average participants attend 8.9 / 12 sessions (74%) of the programme.

Measure	Sample size [^]	Pre-mean	Post-mean	Mean change	Lower CI	Upper CI	Standard deviation	Improved %
MSK- HQ	209	25.56	34.82	9.27	8.11	10.43	8.47	84.69
Days physically active	201	2.46	3.58	1.12	0.84	1.40	2.01	61.19
30 Second Chair Stand Test (CST)	104	9.12	12.91	3.79	3.2	4.37	3	92.31
Timed Up and Go (TUG) [^]	52	11.02	9.65	-1.37	-2.16	-0.57	3.58	64.2



Electronic outcomes portal update

- Beta version of the website received in November
- First participant user testing group took place in December & went well
- Final changes to website are currently being made

Brief timeline



What next?

Continued support post-national programme

Further spread via NHS and leisure sector

12 Extend access to ESCAPE-pain for backs

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Sport England project: Emerging findings from the evaluation

Helen Sheldon

Evaluation Manager

 @HINSouthLondon

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 **SPORT
ENGLAND**
LOTTERY FUNDED

**VERSUS
ARTHRITIS**

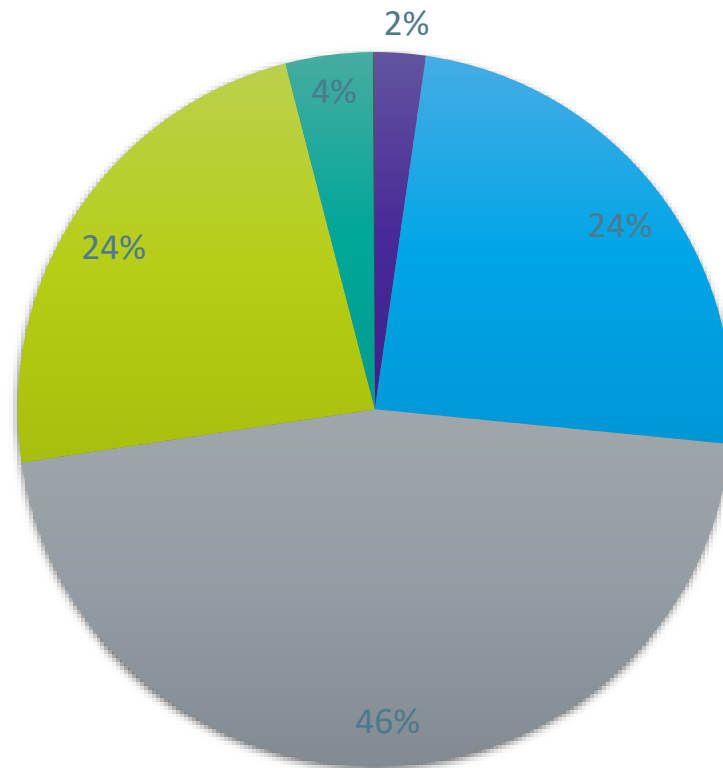
Just under 1,400 participants have completed a Sport England funded ESCAPE-pain programme

Data from the evaluation shows:

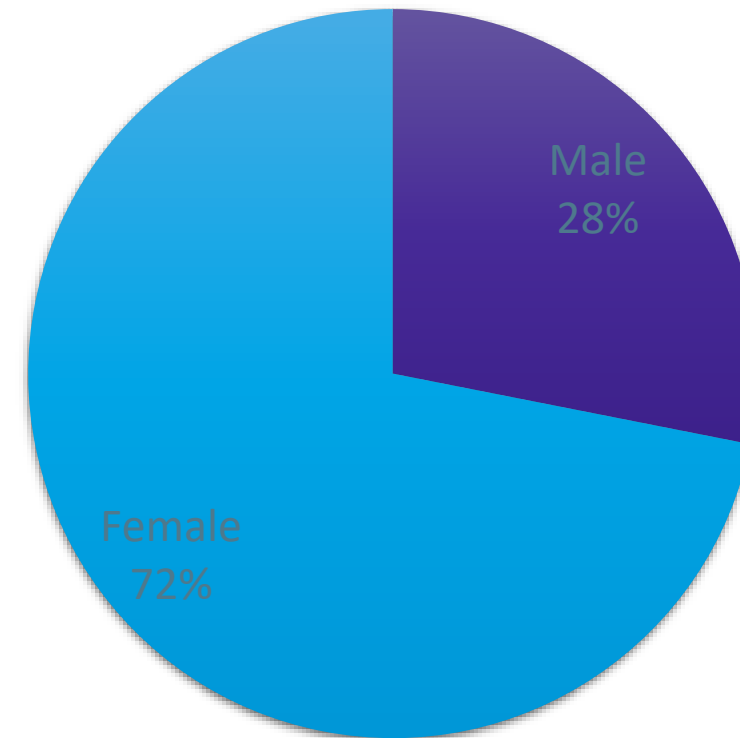
- Positive improvements (quantitative and qualitative) from Baseline to follow-up (6 weeks, and 3, 6 and 12 months):
 - Pain, physical function and Quality of Life
 - Emotional wellbeing
 - Physical activity levels
- Delivery partners and facilitators are positive about the programme and its outcomes
- The programme is associated with reduced use of health services by participants who complete the programme

The majority (72%) of Sport England ESCAPE-pain participants are female and 28% of participants are over the age of 75 (average age = 70)

Age at start (n=1092)

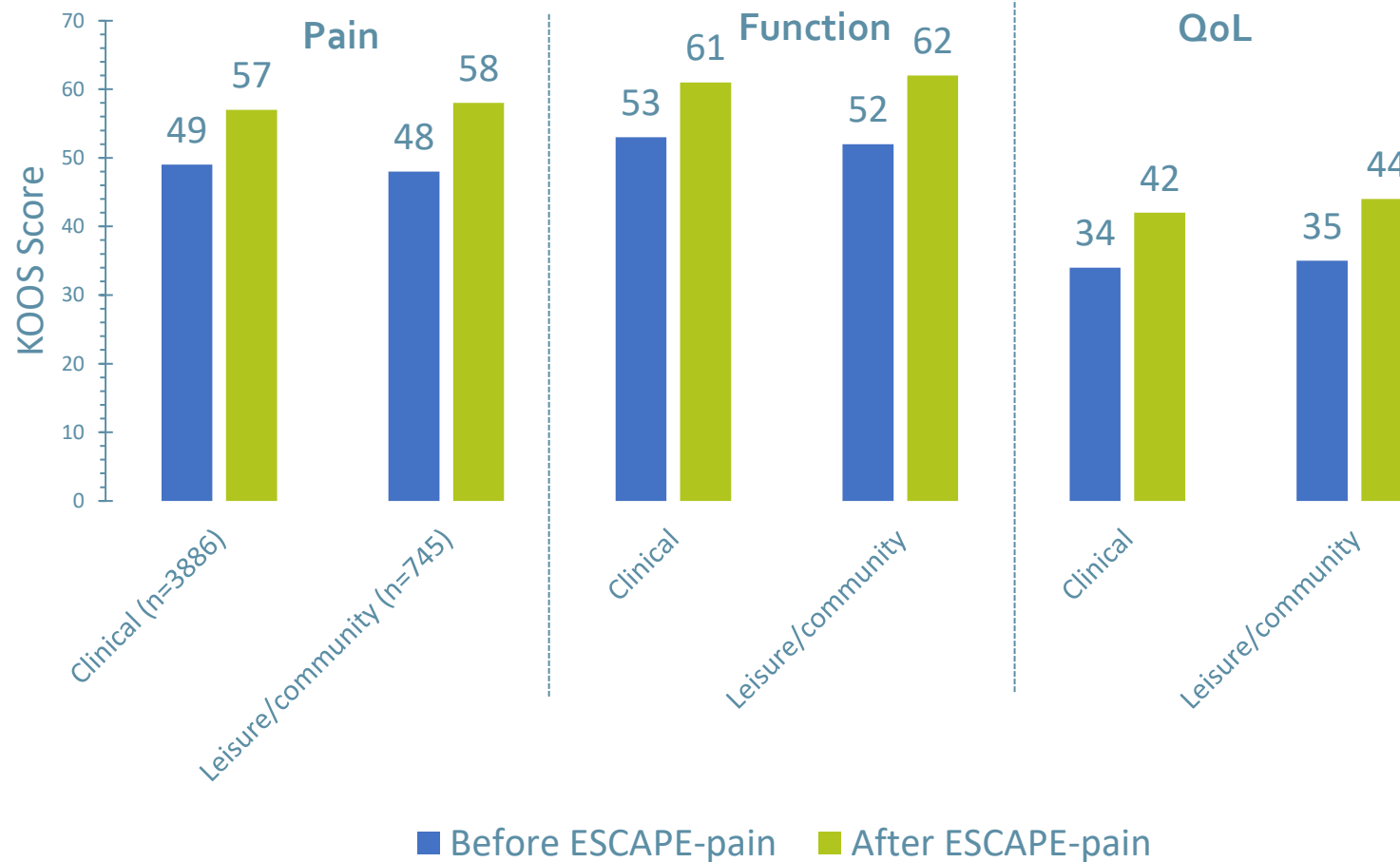


Sex (n=974)

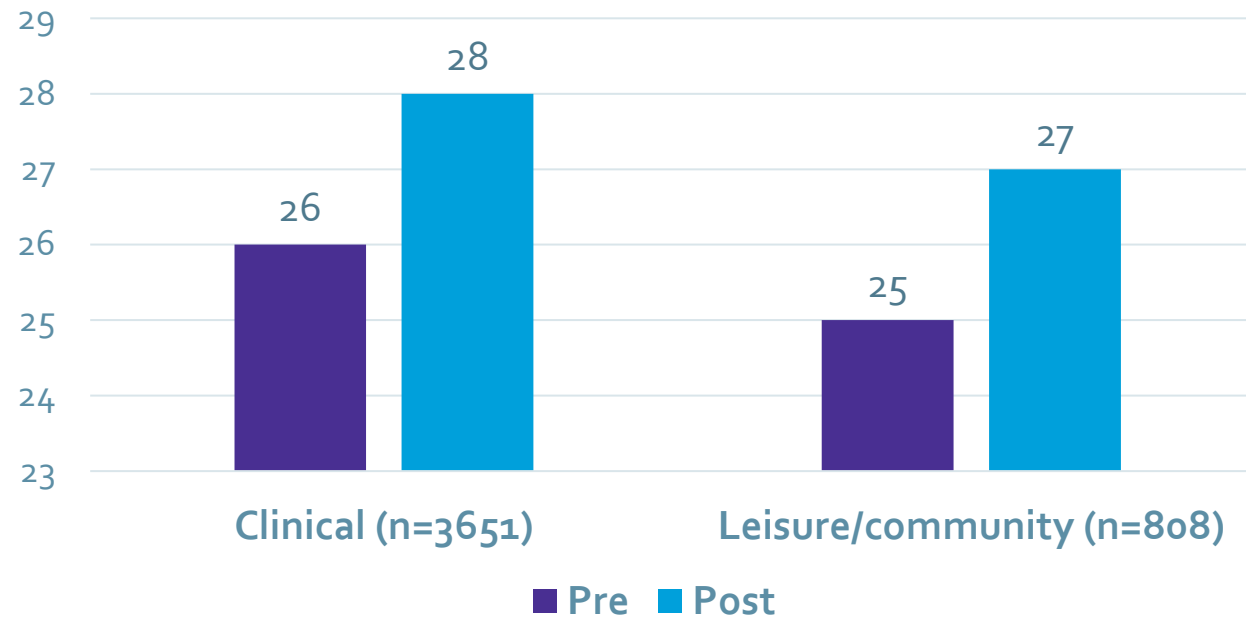


■ <55 ■ 55-64 ■ 65-74 ■ 75-84 ■ 85-94 ■ 95+

The effectiveness of ESCAPE-pain is maintained in Leisure/Community settings and all three subscales (Pain, Function and Quality of Life) show an improvement

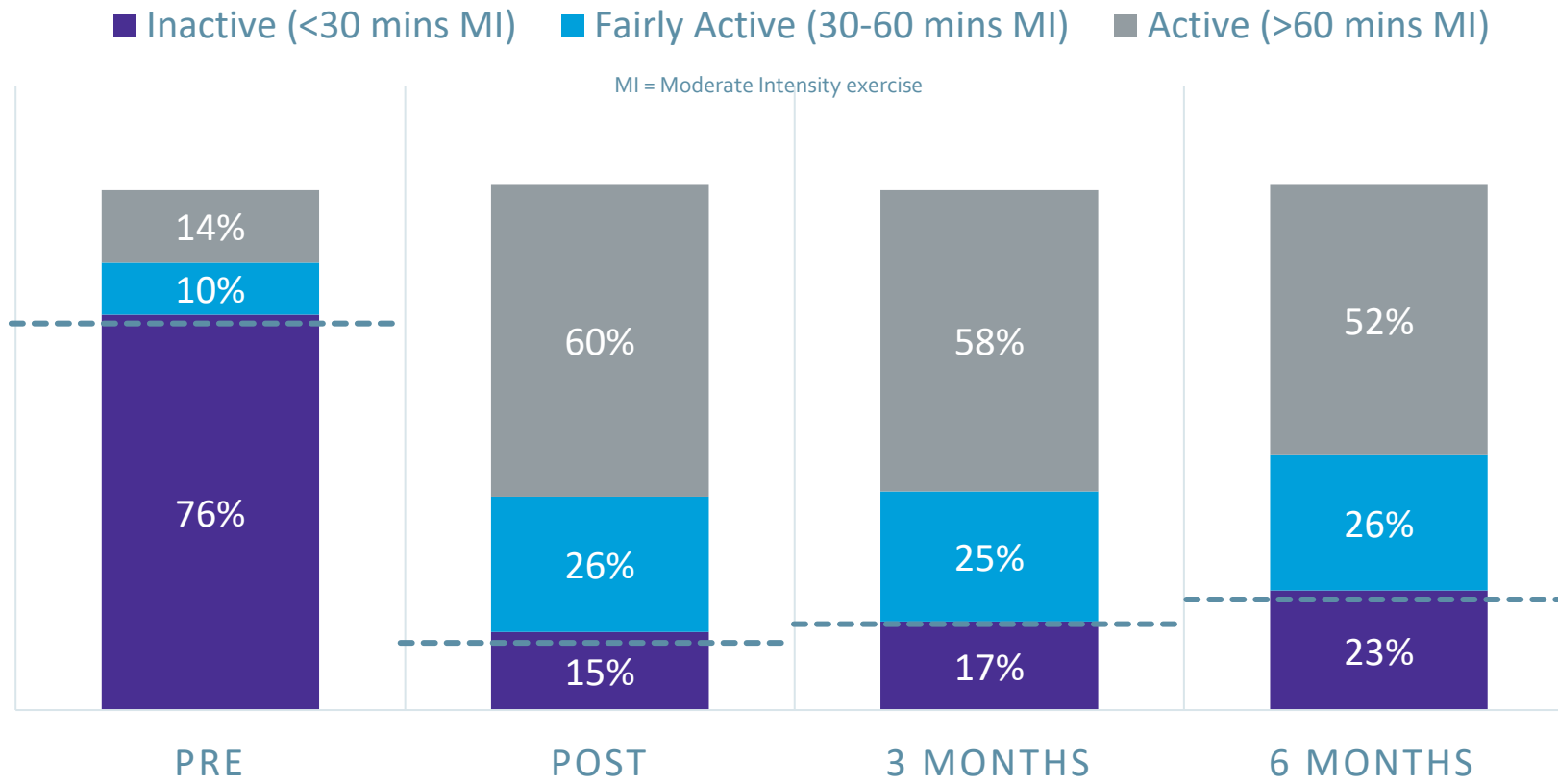


Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS): An improvement in Mental Wellbeing is maintained in leisure/community settings



Increased physical activity levels in participants post-programme are maintained at 6 months (n=326)

6 MONTH DATA

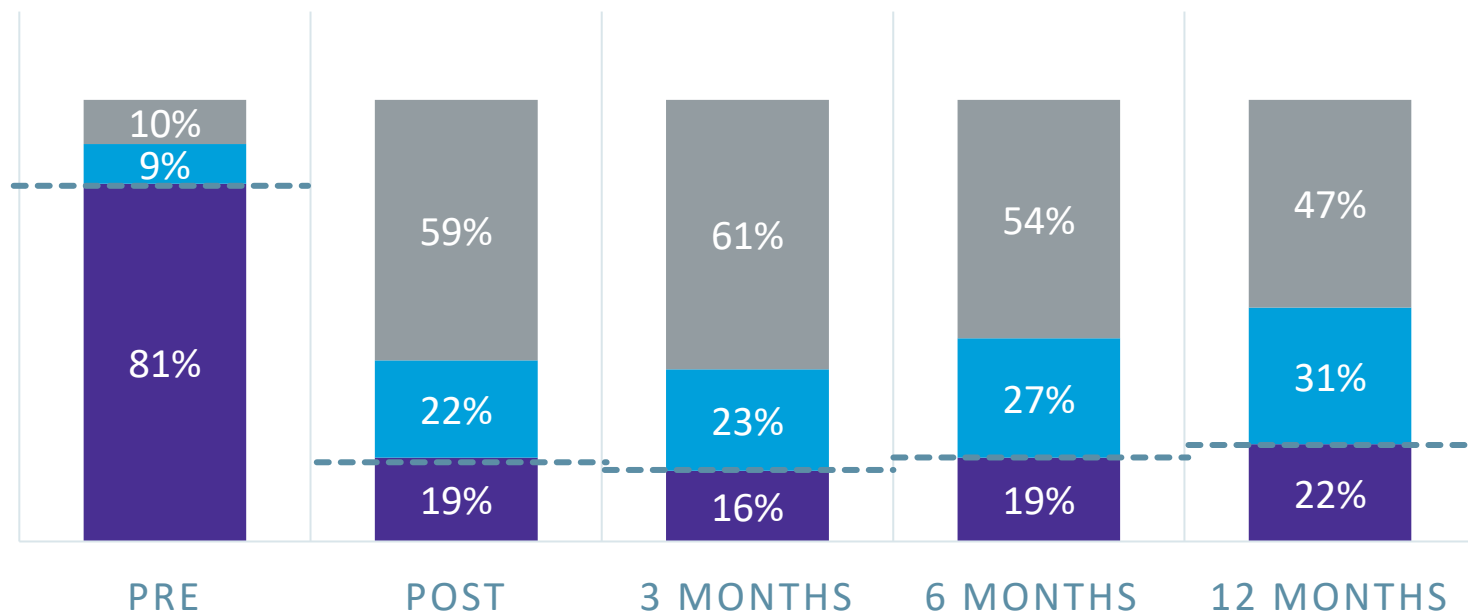


Physical activity levels per week at 6 months are also maintained at 12 months (n=77)

12 MONTH DATA

■ Inactive (<30 mins MI) ■ Fairly Active (30-60 mins MI) ■ Active (>60 mins MI)

MI = Moderate Intensity exercise



Interviews with 62 participants (at Baseline, 6m and 12m) supports findings from quantitative outcomes data and helps us understand the findings:

- Most interviewees had increased their physical activity levels at the end of ESCAPE-pain and then maintained or further increased their activity levels over next 12m
- Health problems were dominant as disruptors: illness; debilitating long-term conditions & complex comorbidities; accidents & injuries
- 6 other key barriers/disruptors: age; difficulties accessing suitable opportunities; absence of social networks and professional support; lack of motivation; and lack of routine
- 5 key enablers, drivers or motivators: ease of access to suitable opportunities; social networks and professional support; observed improvement in outcomes and achievement of objectives; personal characteristics; and strategies adopted to make exercise routine
- Analysis identified a close interdependent relationship between interviewees' activity levels and their experiences of pain, physical function, emotional wellbeing and social participation

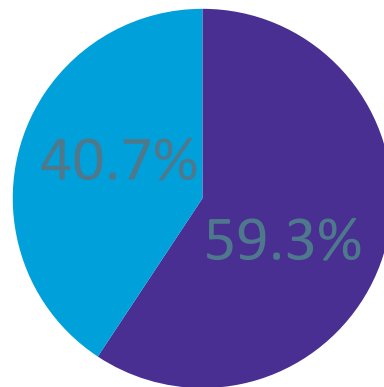
Qualitative interviews with 20 delivery partner organisational leads (Baseline and 6-12m), and with 20 ESCAPE-pain facilitators shows broadly positive experiences

- Positive feedback from facilitators about the training and about the impact of the programme on participants' functional wellbeing
- Organisational leads were overwhelmingly positive about the ESCAPE-pain programme but all identified some problems with implementation
- Participant recruitment was the most consistently identified problem affecting implementation; organisations with most success:
 - Had existing well-established referral pathways eg exercise on referral programme
 - Presence of good relationships with physiotherapy teams appeared a common theme
- Enthusiasm for continuing delivery BUT this was dependent on finding a sustainable model; various approaches considered: offsetting costs against facility membership; direct funding from CCGs or other sources; charging participants.
- Sustainability more complex in areas with dispersed populations

Data from the economic evaluation shows that in the six months after ESCAPE-pain respondents were less likely to visit their GP:

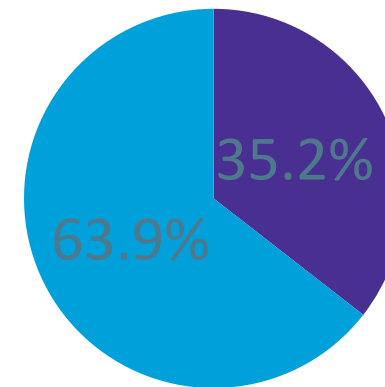
(35.2% compared to 59.3% in the six months before)

Baseline



■ Yes ■ No

6-month follow-up



■ Yes ■ No

In 108 respondents the total number of visits to GPs in the six months after ESCAPE-pain fell (57 compared to 115 in the 6m before ESCAPE-pain)

In the six months after ESCAPE-pain (compared to the six months before), survey respondents were also less likely to have:

- An appointment with a healthcare professional at a hospital or clinic
- Undergone an intervention or investigation
- Been prescribed medication by their GP
- Or bought over the counter treatments or remedies

Reduced use of health services maintained at 12 months

Case Study: Woman aged 87 displays positive beliefs about the benefits of physical activity and says has more control over her condition because she is more active

"Yes, it (physical function) has definitely improved. I can walk up and down stairs easily whereas before (ESCAPE-pain) I was going up one at a time. I'm now walking standing straight up and without a stick... I'm able to bend down and pick things up off the floor. My balance is much better... I have started to do gardening again." (P93, 6m follow-up interview)

"Before (ESCAPE-pain) I was walking with a stick. I was thinking of buying a pusher but have shelved that idea... From when I started there has been a massive change. I am so much more confident, walking much better and my overall quality of life is much better. I don't use a stick anymore... My legs have got stronger which has helped a tremendous amount. So I have been able to do more exercise - cycling and using the walking machine at the gym. So it's encouraged me to do more." (P93, 12m follow-up interview)

Case study: Male aged 58 maintains increased physical activity levels and expresses strong beliefs about benefits of exercise in management of condition and as a way of staving off knee surgery

"(My physical function is) much better. Everything in general is better. I can walk further and not get out of breath. In general I feel better for it... I have better movement... I find it easier to get upstairs... I can walk further and faster." (P110, 12-month interview)

- Before ESCAPE-pain he was doing some walking which he described as coincidental and at a level that would not raise breathing rate.
- Post-programme he reports exercising five days a week for at least twenty to thirty minutes and walking instead of using the car - at least 12,000 steps a day - about 6 to 8 miles more than would have done before ESCAPE-pain. He bought an exercise bike during the ESCAPE-pain programme and was also using this for fifteen to twenty minutes four days a week).
- At six and twelve months he reported that he had maintained this level of physical activity.

Thank you to
everyone
involved !

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#LiveBetterDoMore

The ESCAPE-pain programme is an intervention for people with knee or hip osteoarthritis developed by Professor Mike Hurley. The programme is hosted by the Health Innovation Network and supported by NHS England and Versus Arthritis.

**escape-pain.org | hello@escape-pain.org | Twitter:
[@escape_pain](https://twitter.com/escape_pain)**