

Learnings and reflections from roll out of ESCAPE Pain in the North West

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Escape-pain North West Coast

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Our region

SOUTH CUMBRIA

LANCASHIRE

MERSEYSIDE

CHESHIRE

NORTH EAST NORTH CUMBRIA AHSN

YORKSHIRE AND HUMBER AHSN

HEALTH INNOVATION MANCHESTER



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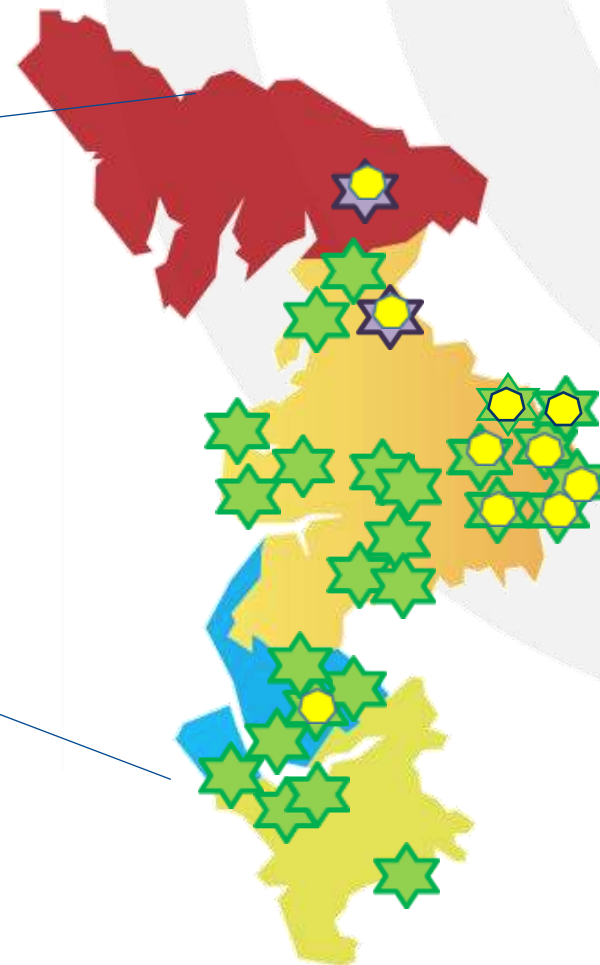
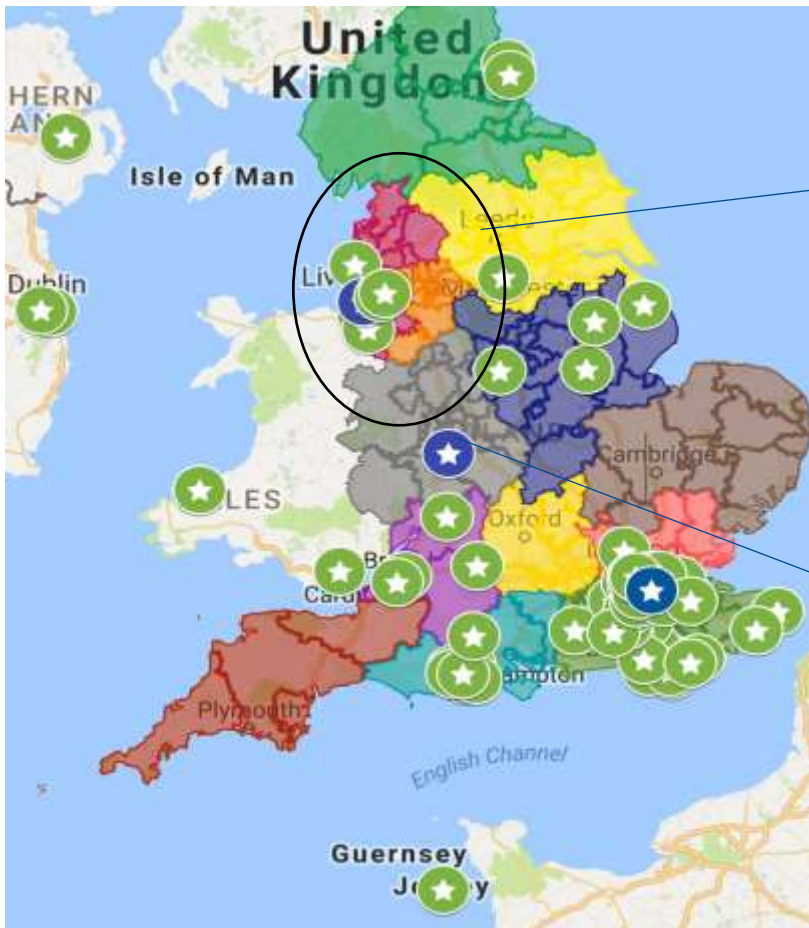
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North West AHSN Sites



-  Planned sites
-  Active sites
-  Collaborative sites

NHS physiotherapy led model

Example Blackpool

Patient referred to MSK service by GP

Assessed by physiotherapist

ESCAPE-pain programme

Programme run in NHS location
Physiotherapy led

Last session attended by council service fitness instructor

Patients sign up to council run services to encourage long term activity
If needed referral back to physio

Collaborative NHS physiotherapy and lifestyle instructor led model

Example Wigan

Patient referred to MSK service by GP

Assessed by physiotherapist

ESCAPE pain

Weeks 1-3 run on NHS site by physiotherapists
weeks 4-6 run at leisure center by lifestyle instructors

Exit strategy

Patients sign up to council run services to encourage long term activity
If needed referral back to physio

Collaborative community based lifestyle Advisors and Physiotherapy led Model

Example St Helens

Patient referred to MSK service by GP or self referral

Assessed by physiotherapist and referred to lifestyle advisers

Telephone review with the offer to further wrap around lifestyle support

ESCAPE pain

Community site run by lifestyle advisors with collaborative input from physiotherapy on sessions 1,2,6 and 11.

Pharmacist also attends session 11

Exit strategy

Patients sign up to Council Run services to encourage long-term engagement

If needed referral back to Physiotherapy

Bespoke follow on class created for ESCAPE pain participants

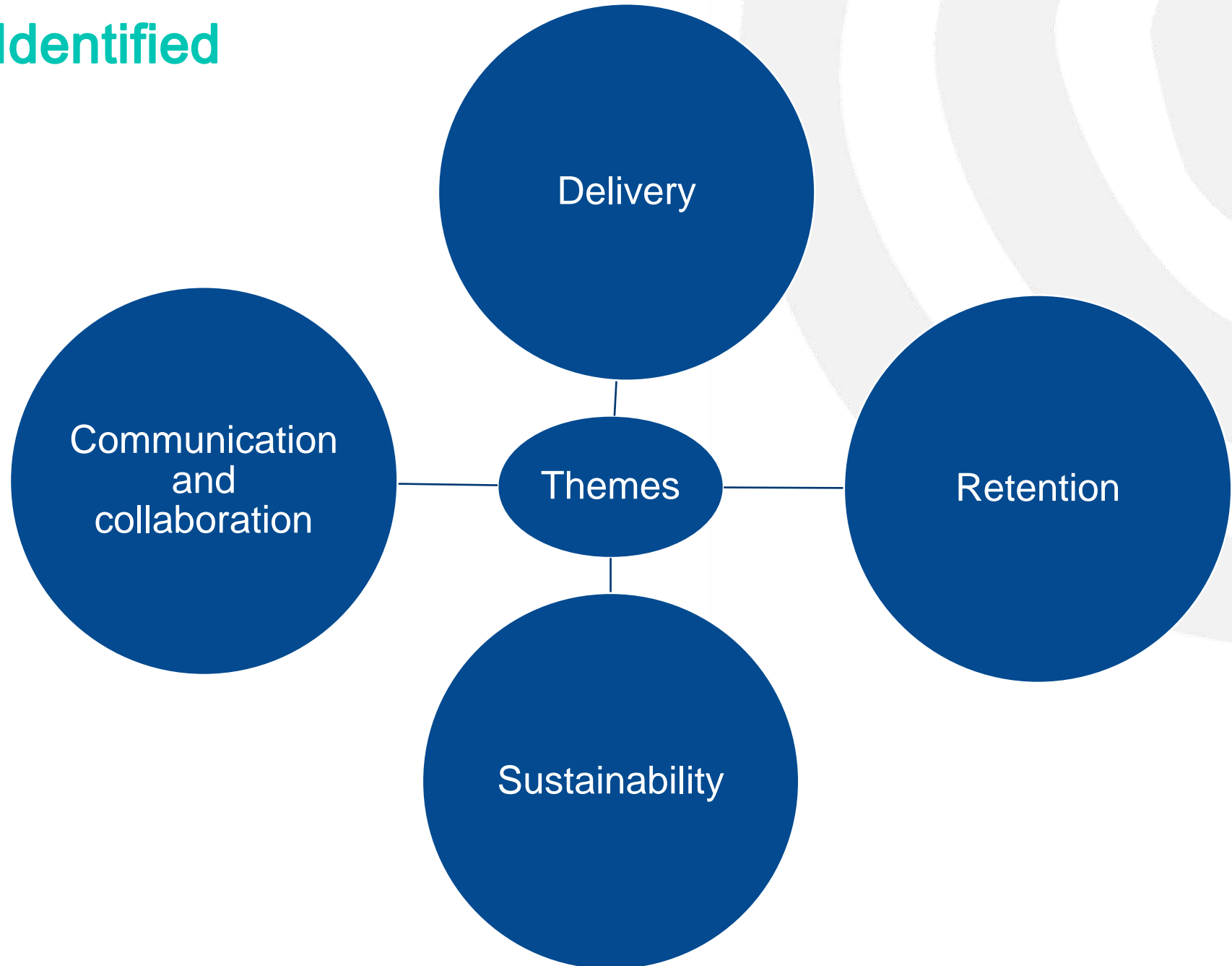
To maintain peer support and long-term activity

Celebratory Event

- Share our success
- Create a networking opportunity
- Share best practice
- Problem solve any Challenges
- Look to the future



Themes Identified



Delivery

- Site location and timing
- Co delivery/ collaborative working offers huge gains
- Opportunities for further collaborative working , use of Pharmacist in medicines management
- Embed Programme in pathways
- Use of expert patient as a programme ambassador
- Offering variety of exercise- taster sessions
- Develop the opportunity for ongoing exercise as a group
- Clear exit strategies and escalation routes

Communication and collaboration

- Opportunity for Standardised Dialogue around OA throughout pathway
- High level of knowledge of programme needed for Referrers
- Multiple Techniques for promotion of ESCAPE pain .
- Collaborative models can be challenging to develop
- Where collaborative models have formed it has created passionate and innovative teams that see beyond their silo working
- Widely recognised the need to engage with wider teams and use the evidence base to promote
- link with Versus Arthritis for long term self-management

○ Patient retention

- Need passionate , engaged staff
- Market the benefits
- Text reminders helpful in encouraging attendance
- Offer opt in model if able
- If patients miss a session a telephone call can encourage re engagement ,help overcome any barriers
- Use of class ambassador/ representative – power of the patient voice
- Having wrap around care with availability of sign posting to other services that can run concurrently,



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Sustainability

- Commissioning and funding streams remains inconsistent
- Payment models/Alternative funding
- Promote the returns on investment piece and use EP as a way of achieving multiple KPI's
- Use of EP to increase footfall through the leisure centres- supports sustainability of both the EP programme and leisure services
- Consider EP as part of a “suite” of public Health Commissioned services, align with strategic Health plans
- Need to consider alternative delivery models for example, social enterprise, industry.

Successes

- Excellent engagement with clinicians and managers
- Innovative design of collaborative models of delivery
- Embedding of the programme into clinical pathways
- Focus on best practice for patients
- Creation of communication strategies with commissioners ,referrers and the wider community
- Funded local based training - enables larger services to come on-board in a service wide capacity increasing scope, reduces clinical time lost , locality based knowledge, personal contact
- Strategic support from the AHSN – for making and building new contacts, raising the profile of ESCAPE pain
- National platform from the HIN- with support and shared learning/experience

Challenges

- Training funding
- Commissioning of services
- Resources- both locality and staffing

Future Vision

- Increase site numbers
- Ensure success and sustainability of existing sites and recognise opportunities for further expansion
- Continue to link in with ICS and STP priorities at system and place based level
- Develop further collaborative community/neighbourhood sites
- Strategic approach to developing new contacts
- Embed ESCAPE pain in service led agreements or commissioning to ensure sustainability



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● Any Questions ?

