

Back to rehab: ESCAPE-pain for backs and JPS

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**Kingston
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St George's
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MSK team at

hin

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The problem – direct, hidden, considerable and growing

9 million people in UK live with
chronic joint pain / osteoarthritis

10 million persistent back pain



↑ longevity, inactivity & obesity = ↑ prevalence



Impact on individuals

Pain, ↓ mobility, ↓ function, physical + mental co-morbidity

Impact on work

~30+m days lost

£3.2b+ - lost economic production

reduce hours, change duties or jobs
1/3 retire early (~8 yrs)

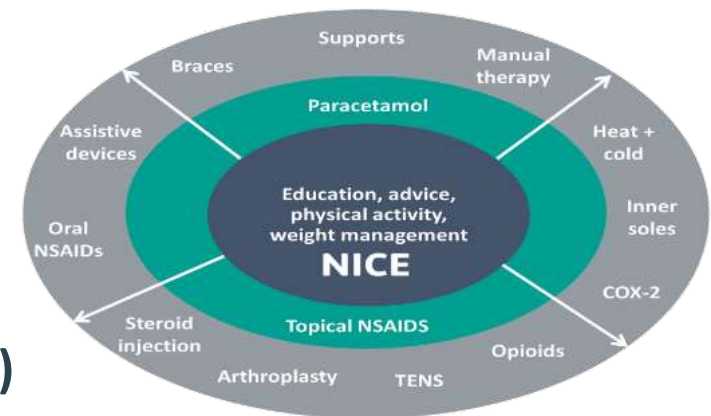
total “burden” of care ~1–2.5% GDP



Primary care management

- overwhelmed by numbers (1/5 consultations MSK)
- underwhelmed by condition
- mostly drugs, surgery
- lack time, training and skills

**NICE - self-management and lifestyle advice
(physical activity, maintaining healthy weight)**



Giving NICE advice to millions in need limited by time, facilities, expertise.

Medicalises problem most people consider normal

People attend in groups of ~10
twice a week for 6 weeks

Integrated program

Information

"pro



... what they can do

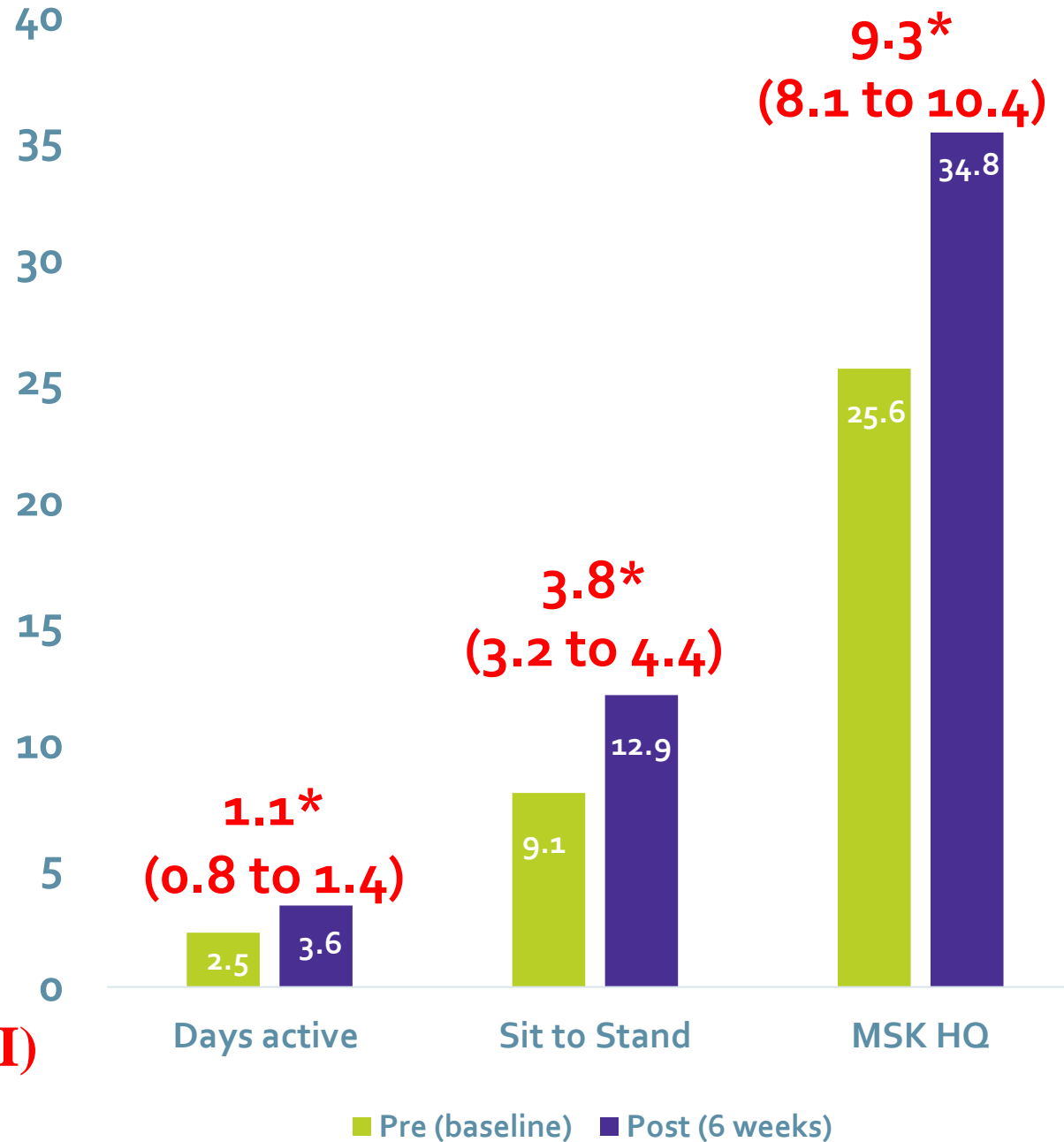
- symptoms
- poor health beliefs
- behaviour (↑ activity)
- course of the condition

HSJ VALUE AWARDS 2020
MSK Care Initiative of the Year

Outcomes

- 286 participants
(191 female; 54 yrs)
- 75% of participants attend 75% of prog (9/12 sessions)
- Significant improvement in all outcomes

***mean change (95%CI)**



Participant feedback

- 99% would recommend the programme to friends and family

Physical benefits and improvement in pain

- less pain
- felt better able to manage when they had a flare up
- more active

“

...when I started I could only walk for 10 minutes before the pain started. I can now walk a lot further and I do not need to stop...

Knowledge & understanding

- increased knowledge of condition
- learnt tools to self-manage

“

...I have received the tools and knowledge to understand that it is not just rest that I need for my pains but also activity and exercise...

Psychological and psychosocial

- improved wellbeing
- reduced fear of exercise/ physical activity
- more confident

“

...it's been good for my mental health to be more active. I'm more confident to add more exercise in my lifestyle now...

Facilitator / site

- attributed success to facilitator
- benefit of the group

“

...[facilitators] kept us motivated, wanting to be here, and being able to have fun at the same time...

“...gained lots of information to help me manage my pain...”

“...more motivated and confident to exercise...”

“...improved the quality of my life, and I feel a whole lot better...”

Conclusions

- **escapepain** for backs

- improves physical, mental and social health and well-being
- helps people self-manage their problem

- deliverable in the community to improve access to effective management and sustain benefits
- rolling out in NHS, leisure/community centres across the UK

www.escape-pain.org

hello@escape-pain.org

The logo features the text "Joint Pain Advice" in a bold, blue, sans-serif font, centered within a white speech bubble. The speech bubble has a thick blue outline and a tail pointing downwards and to the left. The background of the entire slide is a teal-to-green gradient with abstract, overlapping white and light blue shapes that resemble stylized joints or flowing lines.

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Education



**Signposting,
social prescribing**



Behavioural Change Techs

- motiv. interviewing,
- goal setting,
- action/coping planning



**Increase
physical activity**



Joint Pain Advice



Healthy diet

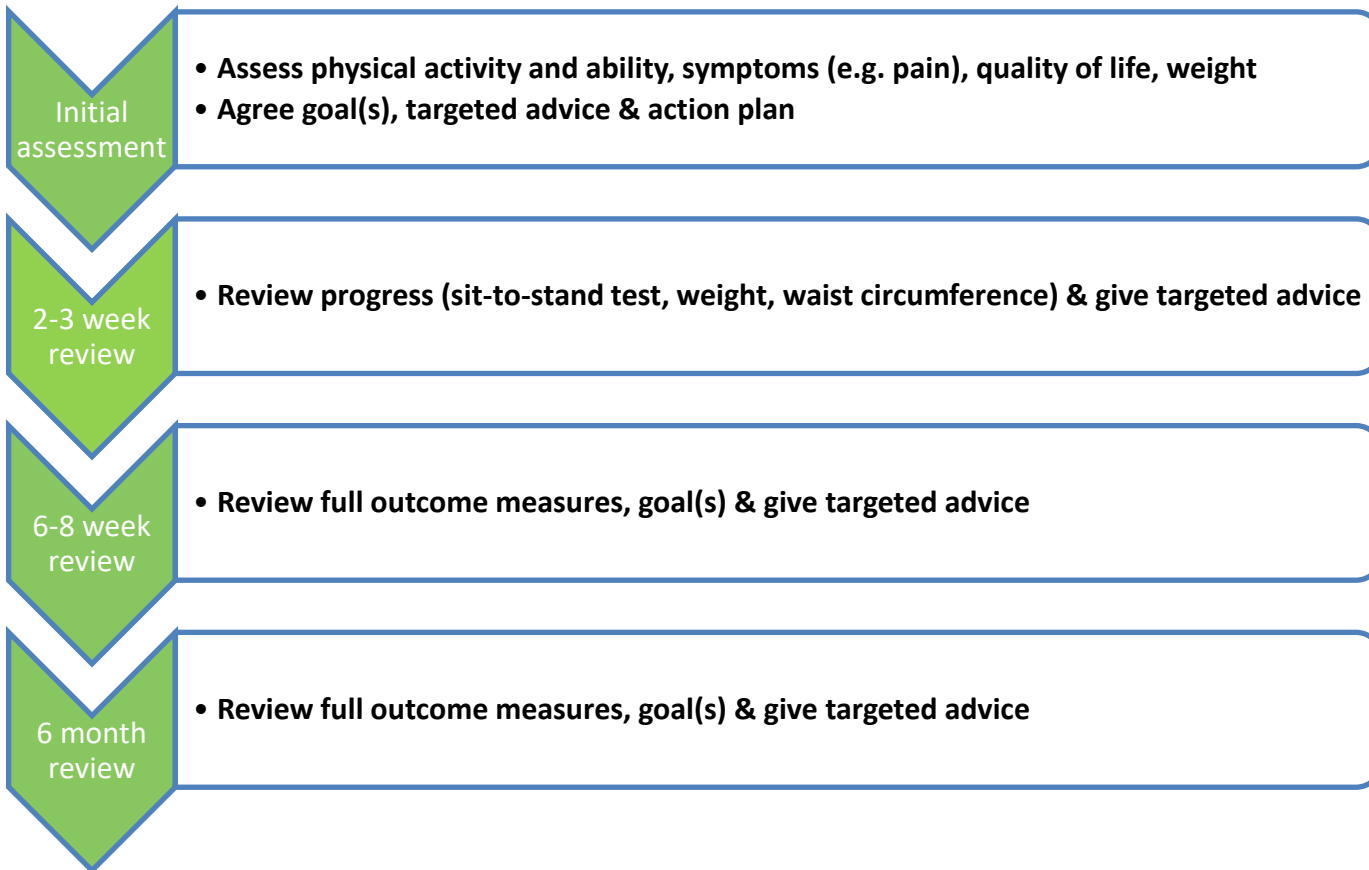


**Weight
loss**



**Jointly developed,
personalised care plan**

JPA Pathway



Lewisham (physios) & Greenwich (health trainers)

Improvements

- **function** and activities of daily living
- **pain** and its impact
- **mental health and wellbeing**



Physical activity
increased
by 2 days/week



2kg weight
reduction



18% pain
reduction



Fewer GP visits,
Investigations,
physio



Increase
function

Social Return on Investment (SROI) £1 spent = £4 return in value*

Can JPA be delivered in the workplace using health champions?

Employers

- 8 large public organisations, 12 SMEs in London and Cornwall

Advisors

- 2-3 people trained to deliver JPA based at the place of work or peripatetic

Employees

- very broad inclusion criteria
 - ≥ 45 yrs if knee and/or hip pain > 3 months
 - ≥ 18 yrs if back pain > 3 months

Outcomes

481 people
(74% female)

mean age 49 yrs

Age	n	%
18-24	10	2
25-34	48	10
35-44	76	16
45-54	187	39
55-64	142	30
65+	14	3
<i>Total</i>	477	100

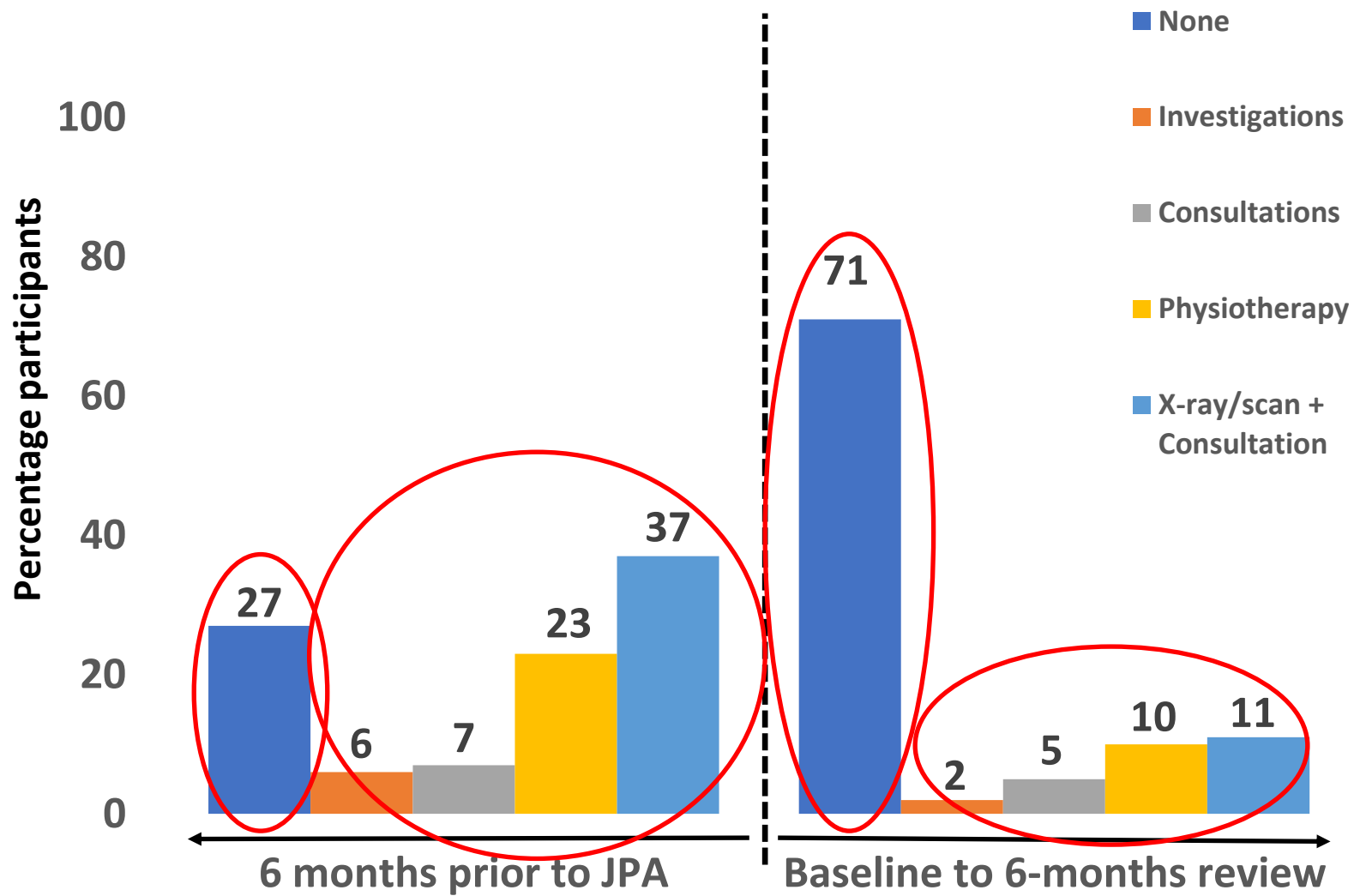
Employment status	n	%
Working	381	97
On sick leave	12	3
<i>Total</i>	393	100

Nature of work activities	n	%
Sedentary	359	75
Manual/active	119	25
<i>Total</i>	478	100

Joint affected	n	%
Back	154	32
Knee	100	21
Back, Hip and Knee	67	14
Back and Knee	63	13
Back and Hip	40	8
Hip and Knee	32	7
Hip	21	4
No Pain	6	1
<i>Total</i>	483	100

Baseline	3-week		Retention 6-week		6-month	
	n	n	%	n	%	n
481	382	79	319	66	211	44

Variable	n	Baseline	6-month	Change (CI)	Effect size
MSK-HQ	206	34.0	42.5	8.5 (7.4 to 9.7)	0.99
Pain Scale	208	5.2	3.5	-1.7 (-2.0 to -1.4)	0.77
Sit-to-stands	200	11.7	14.5	2.8 (1.9 to 3.7)	0.43
<i>Days of physical activity</i>	210	2.9	3.5	0.6 (0.3 to -0.9)	0.27
Physical function	209	4.5	2.7	-1.8 (-2.1 to -1.5)	0.83
Confidence to self-manage	210	5.5	7.8	2.3 (1.9 to 2.7)	0.85
Work absenteeism /days	202	3.6	2.1	1.5	
GP consultations	196	1.2	0.5	0.7	



For modest investment of ~£62 employers get employees

- **with better physical and mental wellbeing**
- **take one less sick day**
- **less GP appointment**
- **fewer investigations/interventions, less away from work**
- **fewer medications and possible side-effects.**

Satisfaction high

“...What's changed?
No painkillers and that's a big deal...”

“...I was given **advice and exercises** that have **transformed my mobility** and now I feel **so mentally positive...**”

“...it's not 'you need to do this' that **it's about encouragement** which is so important...”

- 92% would recommend to family or friends
- it worked(!) – less pain, better function
- understood problem and what to do
- more confident about self-management
- longer, better consultations
- tailored advice to personal needs
- easier access to care and information

“...not using walking stick any longer...”

“I can **put my tights on** by myself again!”

“...I can get in and out the bath better...”

“...it's the '**I can do this**' feeling ...**released the fear and barriers** from stopping you doing stuff...”

Positive messages - MSK conditions can be managed, even if not cured

Linking with other healthy workplace services – social prescribing

weight loss clinics, NHS Health Checks, smoking cessation, workplace activity sessions

Baseline		3-week		Retention 6-week		6-month	
n	n	%	n	%	n	%	%
481	382	79	319	66	211	44	

Why so “poor”?

- *expecting doctor/physio/quick fix – better info about JPA (why, who, what)*
- *not a priority - other health problems and commitments*
- *not prepared to give time and effort – burdensome*
- *received enough info, advice, reassurance to enable self-management*

Attrition not a sign of failure - a sign of self-managing

Conclusions

- **JPA delivers NICE advice in workplaces**
- **to large employers or SMEs (99.8% of private companies)**
- **safe, beneficial, valued**
- **relatively inexpensive, avoids medicalising the problem, “turning people into patients”**

- ***?reduces healthcare utilisation***
- ***?reduces absenteeism, presenteeism***



escape pain &



- **safe, effective, affordable, doable, deliverable**
 - **active self-management and coping strategies**
 - **more popular alternative to drugs**
 - **improves quality of care**
 - **reduces healthcare utilisation**
- } de-medicalises problems**