## Title and contact details.

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| Title of Initiative (This should describe your initiative using 50 words max)  **Enabling Self-management and Coping with Arthritic Pain using Exercise, ESCAPE-pain** |
| Name of Organisation and Region (please state context, ie general practice, community care etc)  **Orthopaedic Research UK, across the whole of the UK** |
| Name of person/team/individual being nominated  **The ESCAPE-pain team** |
| Contact name for entry  **Michael Hurley** |
| Contact email for entry  **michael.hurley@sgul.kingston.ac.uk** |
| Timeframe and dates of initiative  **2013 - 2021** |
| Date of submission  **31st July 2021** |

## **Problem(s) and how you tackled them.**

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| ***What was the problem you were trying to tackle? (max 200 words)***  Chronic knee and/or hip pain, often labelled osteoarthritis (OA), affects nearly 10m older people and seriously impacts individuals, society and the economy. It impairs people’s mobility, physical, mental and emotional wellbeing, independence, quality of life and increases the risk of co-morbidity (diabetes, heart disease). Annually, millions of working days and productivity are lost. Musculoskeletal problems are the third highest expenditure by the NHS.  Physical activity is one of the most effective ways to reduce joint pain and its impacts and can simultaneously help co-morbidities. Consequently, management guidelines strongly recommend people are advised to remain active. Unfortunately, few people receive this advice. Most are maintained on long-term analgesia, despite this being ineffective, unpopular, expensive and risks serious side-effects. Consequently, people endure many years of unnecessary pain and disability.  Exercise programmes are delivered in hospital departments, but the number of people they benefit is very limited, they don’t emphasise self-care and have no capacity to help people sustain regular activity after they have completed their programmes.  Providing programmes in community settings that promote better understanding of how people can use exercise/physical activity to self-manage joint pain, could reach many more people and provide ongoing better support. |
| ***Please give a brief description of your self care innovation (max 250 words)***    *Enabling Self-management and Coping with Arthritic Pain using Exercise,* *ESCAPE-pain* ([www.escape-pain.org](file:///C:\Users\ginder.narle\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\5HIA3QJ4\www.escape-pain.org)) is a programme integrating information, advice and exercise. It helps people understand their problem, dispels erroneous health beliefs, advises them what (not) to do and allows them to experience the benefits of exercise. Led by a trained facilitator (clinician or exercise professional), groups of 8-12 people with chronic knee, hip and/or back pain attend 12 sessions (twice a week for 6 weeks). Each session comprises:   * an **information/advice component** – themed discussions and shared-learning that gives people information about their problem, practical advice about simple pain self-management and coping strategies, challenges widely held erroneous attitudes, beliefs and behaviours – especially about the benefits of physical activity; * an **exercise component** – a supervised, individualised, progressive, challenging exercise regimen to increase strength, endurance and function, that enables participants to experience how physical activity can relieve joint pain, improve their physical, mental and emotional function and wellbeing: * **behavioural change techniques** (motivational interviewing, goal-setting, action/coping planning) are incorporated into the programme to help participants appreciate the role exercise/physical activity can play in controlling pain and it impact and habitualise physical activity.   The blend of information-giving, shared-learning and experiential-learning challenges people’s beliefs about joint pain, in particular the importance of regular exercise. They learn how they can help themselves regain control of their lives. |
| ***What challenges or barriers were you faced with and how did you solve the problems or overcome the barriers? (max 250 words)***  Until recently ESCAPE-pain was only available through NHS physiotherapy out-patient departments. Unfortunately, NHS constraints (facilities, workforce and financial) severely limits the number of people who can benefit from the programme. In addition, the NHS does not have the facilities or capacity to provide ongoing support to help people maintain their physical activity once they have completed the programme.  To address these problems we developed a training programme that enables exercise professionals to deliver ESCAPE-pain in non-clinical leisure/community venues. We have shown the programme can be delivered in community settings and reproduces the improvements found in clinical departments. Participant satisfaction is excellent, they find community provision more convenient, it de-medicalises the problem, makes them feel less intimidated by leisure facilities and provides ongoing access to help them to remain active [<https://player.vimeo.com/video/151535343>].  With support from Sports England we have expanded this work by providing ESCAPE-pain in large and small community venues across the UK. The community organisations are instigating a range of “exit opportunities” (such as exercise, swimming, dance, walking groups) after completing the programme to help habitualise physical activity. We are also encouraging self-referral to facilitate access to the programme from the general population and hard to reach, ethnic and minority groups.  We are now working with the charity Orthopedic Research UK to continue the national scale up of ESCAPE-pain. |
| ***Did you collaborate with other partners or organisations, if so, who were they?***  In order to raise aware and encourage uptake of ESCAPE-pain by as wide an audience as possible we collaborated with many organisations. We have listed some of these organisations and the output (with hyperlinks) of the collaborations:   * **NHS England**   + Cited Iin [NICE clinical guideline [CG177]](http://www.nice.org.uk/guidance/cg177) for the clinical management of osteoarthritis   + [Quality Innovation Productivity and Prevention (QIPP) case study](http://www.evidence.nhs.uk/qipp) “Self-management for chronic knee pain: using group physiotherapy to teach exercises and coping strategies”. 2013.   + Cited in “[Evidence based interventions guidance for Clinical Commissioning Groups](https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/)” 2018.   + Cited in NHS “[Long Term Plan](https://www.england.nhs.uk/long-term-plan/)” 2019.   + RightCare “[Commissioning for Long Term Conditions](https://www.england.nhs.uk/rightcare/products/ccg-data-packs/long-term-conditions-packs/)” 2016.   + Professor Mike Hurley was awarded a [Fellowship](https://healthinnovationnetwork.com/news/escape-pain-selected-join-nhs-innovation-accelerator/) [NHS Innovation Accelerator](https://nhsaccelerator.com/) to increase national spread of ESCAPE-pain   + included as a case study in the recent NHS Innovation Accelerator (NIA) report ['Understanding how and why the NHS adopts innovation'](https://nhsaccelerator.com/wp-content/uploads/2018/11/NHS-Innovation-Accelerator-Understanding-how-and-why-the-NHS-adopts-innovation.pdf)   + Chosen as a National Programme for rollout across England by the Academic Health and Science Networks 2018-2020 * **Public Health England**   + ['Musculoskeletal Health: applying All Our Health'](https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-health/musculoskeletal-health-applying-all-our-health) 2019.   + Recommended by Public Health England (PHE) as a preferred intervention for musculoskeletal management in ['Return on Investment Interventions for the Prevention and Treatment of Musculoskeletal Conditions'](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/650622/musculoskeletal_conditions_return_on_investment_full_report.pdf) 2017 which estimated a financial RoI of £5.20 for every £1 spent   + Identified as one of the top 5 case studies in a [RAND Europe report](https://www.rand.org/randeurope/research/projects/identifying-promising-practices-in-health-wellbeing-work.html) commissioned by PHE reviewing the current landscape of health and wellbeing interventions * **Versus Arthritis**   + Highlighted as a Tier 3 intervention in Arthritis Research UK's ['Providing physical activity interventions for people with musculoskeletal conditions' report](http://www.arthritisresearchuk.org/news/press-releases/2017/march/providing-physical-activity-interventions-for-people-with-musculoskeletal-conditions.aspx)   + “Evidence Review Panel April-May 2016 Structured community rehabilitation programmes for musculoskeletal health” 2016   + Financial support for core ESCAPE-pain team ~£750k 2016-2020 * **Orthopaedic Research UK**   + Hosting the ESCAPE-pain programme April 2021- 2026 * **The Arthritis Rheumatism and Musculoskeletal Alliance**   + Recommended in [musculoskeletal core offer for local NHS plans](http://arma.uk.net/musculoskeletal-networks/commissioning-musculoskeletal-services/) * **The Chartered Society of Physiotherapy,**   + in CSP/NIHR Dissemination Centre's review of musculoskeletal interventions ['Moving Forward'](https://www.dc.nihr.ac.uk/themed-reviews/Moving-Forward-Final.pdf) commended ESCAPE-pain for its encouragement of self-care * **The Chartered Institute for Management of Sport and Physical Activity**   + skills development partner * **Health Service Journal**   + ESCAPE-pain won '[**MSK Care Initiative of the Year**](https://www.hsj.co.uk/hsj-value-awards/hsj-value-awards-2020-msk-care-initiative-of-the-year/7028300.article)' 2020 * **UKActive:**   + cited in the UKActive report ['Reimagining Ageing'](https://www.ukactive.com/reports/reimagining-ageing/) 2018   + ESCAPE-pain Facilitator Training Programme won the ['Specialist Training Programme of the Year 2019](https://www.ukactive.com/news/ukactive-reveals-winners-of-active-training-awards-2018/)’ * **British Society for Rheumatology:**   + [Best Practice Award in Rheumatology and Musculoskeletal Disorders](https://www.rheumatology.org.uk/) (2016) * **Royal Society of Public Health:**   + [Health and Wellbeing Award](https://www.rsph.org.uk/our-work/awards/health-wellbeing-awards/previous-winners.html) (2015) * **AbbVie Sustainable Healthcare:**   + Finalist for the AbbVie Sustainable Healthcare: Patients as Partners Award (2016) * **Sport England**   + Awarded a [Sport England grant](https://www.sportengland.org/news-and-features/news/2017/october/5/investment-to-get-older-people-active/) to tackle inactivity in older people 2018-2020 * **Harvard Business School:**   + Semi-Finalist Harvard Business School Acceleration Challenge (2016) |

**Impact and outcomes**

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| ***Who was the initiative directed at and what were the benefits to the targeted group or individuals? (max 250 words)***  ESCAPE-pain encourages self-care of knee and/or hip pain in people 45 years or over. It promotes more active lifestyles and can simultaneously benefit other common co-morbidities (diabetes, cardiovascular conditions, obesity, etc). The focus of care is shifted to early intervention, prevention of ill-health and facilitating access to community-based care, helping to de-medicalise the problem and avoiding “turning people into patients”.  We have compelling evidence ESCAPE-pain works by challenging people’s widely held, but erroneous, beliefs and fears that exercise exacerbates pain and wear out their joints sooners. Through experiential-learning participants come to appreciate that physical activity is safe, reduces pain, improves function, returns personal independence and quality of life.  In the longer term ESCAPE-pain encourages people to find ways to help sustain physical activity in their local community, that benefits them in many physical, psychosocial and emotional ways. |
| ***Were there further benefits to you, your colleagues, your organisation or to a wider area such as the NHS? If so, what were they? (e.g improved job satisfaction, smoother running of facility, happier service users, better use of scarce resources, cost saving)***  Chronic joint pain affects almost 10 million people and this number is estimated to double by 2030. Living in pain has a huge impact on people’s physical and psychosocial health, independence and quality of life, and acounts for 36 million lost working days, 2 million GP visists and 150,000 knee/hip replacements. Caring for people with musculoskeletal conditions is the third highest NHS expenditure.  It promotes patient activation, self-management and healthy lifestyles, which reduces medical consultations, investigations, referral, medication. The programme can delay or avoid surgery as it offers an effective alternative for older people who don’t want surgery, or for whom it is contra-indicated. It can help address the rising demand for orthopaedic surgery that has been exacerbated by the COVID pandemic, reduces physiotherapy waiting times, the pressure on GP and primary care and the use medication, in particular use of opioids.  Recently we showed the programme is as effective when delivered through community centres. For leisure and community organisations the programme enables them to generate better use of their facilities during off-peak hours when their facilities are underused, news avenues of revenue, support people in their communities encourages partnerships with health providers to increase their offer in the area of healthcare. This aligns with the NHS’s ‘Five Year Forward View’ that emphasises self-management for people with long-term conditions by facilitating collaborations between the health and community sectors. As a consequence NHS and other government agencies (RightCare, NICE, PHE) and charities have endorsed, supported and promoted ESCAPE-pain as an effective intervention that could help many people.  On a wider level ESCAPE-pain has been the basis of 5 PhDs theses and about 50 peer reviewed scientific papers.  The programme is regarded as a flagship intervention for the Health Innovation Network, south London’s Academic Science Network, St George’s University of London and Kingston University. It has raised those organisation’s prestige and public awareness and been included in numerous internal and external reports describing their activity.  Orthopaedic research UK have taken over the running of the programme for 5 years from April 2021. One of the main attractions for them to partner with ESCAPE-pain was to use its profile to raise their public profile and enhance their reputation. |

Evidence

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| ***Please quantify the benefits of your initiative. (e.g. cost improvement, numbers of people helped, time saved)***  In our original randomised controlled trial we found that people who went through the ESCAPE-pain had reduced pain and improved function by approximately 12.5%, and these improvements have been reproduced when delivered in clinical departments and community venues.  Our economic evaluation showed the programme was more effective than primary care and out-patient physiotherapy, and reduced healthcare resource such that for every 1,000 participants who undertake ESCAPE-pain there are potential savings (2017/18 prices) of:   * £20,280/annum in medication * £59,560/annum in community-based care (GP consultations, health and social care) * £2.8m/annum in total health and social care (medication, community care, acute hospital care - mainly elective surgical procedures) * if 10% of ESCAPE-pain participants decline surgery, for every 1,000 participants completing the programme could save £1m (assuming conservative costs of £4,000/hip and £6,000/knee replacement).   Since the COVID pandemic the waiting list for joint replacement surgery has increased dramatically and latest estimates suggests it will take 4-5 years to clear this backlog. ESCAPE-pain can be an alternative for people awaiting surgery and help them while they are on the waiting for surgery.  Public Health England independently assessed *ESCAPE-pain* and estimated a return of £5.20 for every £1 invested. The York Economic Health Consortium estimated a return on investment of £1:£8.81 when a CCG commissioned a community organisation to deliver *ESCAPE-pain* in their community venues.  When the COVID pandemic broke in March 2020 ESCAPE-pain was being delivered in 294 centres across the UK, almost half of which are community centres, we have trained over 1300 facilitators, nearly 20,000 people had benefitted. Extrapolating our economic evaluation this means the programme is saving the health and social care systems over £22m.  During the pandemic the-face-to face programme had to be suspended. As the country has opened up over 50 of these sites have re-started programme delivery and many of the others are planning to do so over the next month. |
| ***Do you have formal or anecdotal evidence of success? (e.g. qualitative, quantitative, informal feedback?)***  Clinical trials demonstrate ESCAPE-pain reduces pain, improves activity, physical and mental health and wellbeing (Hurley 2007a, Hurley 2007b, Jessep 2009), that can be sustained for up to 2½ years after completing the programme (Hurley 2012).\*  Often when interventions found to be effective under the strict conditions imposed during a clinical trial are less effective when delivered under “real world” conditions. Concerned this might be the case with ESCAPE-pain we have continued to monitor participant’s outcomes when the programme delivered in “real world” clinical departments and community venues. We have found that the programmes benefits are replicated in real world settings (<https://escape-pain.org/evidence>).  As part of our clinical trial we conducted formal qualitative evaluation in our original clinical trial and have continued to gather feedback form participants, facilitators and partner organisations as the programme was delivered in “real world” clinical departments and community venues(Hurley 2010). Participants describe how ESCAPE-pain’s education component increases their understanding of their condition and how to manage it, while successful completion of the exercise regimen engenders a sense of achievement and they appreciate exercise is a safe, effective, self-management strategy they can use to help themselves. They find everyday activities such as climbing stairs, sleeping, getting on/off a toilet, playing with grandchildren is easier, which has enormous effects on their quality of life, mental and emotional wellbeing. The programme not only encourages people to be more active, it enables them to get out, return to occupational, leisure and family activities they may be avoiding, which helps overcomes socialisation isolation older people often experience  Overall participants feel better, more confident, positive, optimistic and in control of their lives. ESCAPE-pain increases their self-reliance, empowering them to use activity as an alternative to medication and surgery. This may explain the reduction in healthcare resources, and how participants describe their willingness to delay/avoid surgery.  Participant and facilitator testimonies are available at <https://escape-pain.org/living-with-joint-pain/personal-stories> we also put these out through our Twitter feed @escape\_pain and #LiveBetterDoMore. Typical of participants’ testimonies:  Sandra, 84 year old ESCAPE-pain participant: *“…I feel much better in myself because I can do things again…I don’t think I need knee surgery. The pain is much less and it doesn’t bother me. I know how to cope now...”*  Matt Whitty, Deputy Director of Innovation and Life Sciences, NHS England and NHS Improvement: *“…ESCAPE-pain is a great example of a proven, low-cost innovation that transforms lives. It will mean more people with chronic joint pain getting better care in their local communities and being able to live more independently with a higher quality of life. Responding to needs through this sort of cross sector working is crucial to how we will deliver the NHS Long Term Plan.”*  Sarah Worbey, Health and Inactivity National Partnerships lead, Sport England: *“…ESCAPE-pain fits perfectly into community and leisure settings…participants are making important lifestyle changes and becoming more physically active.”*  David Rawlings, exercise professional: *“…people love it and for some it literally is life-changing…Some of the participants had stopped going out and participating in family life or in their community.  After attending the programme, they become more active, are able to manage their pain and their arthritis better and build the confidence to move and become more active again.”*  Jenn Holeman, senior physiotherapist: *“…it saves the NHS money because rather than 30-minute one-to-one physiotherapy sessions people are having group sessions…it relieves the pressure on GPs because it cuts down on the amount of patients seeking treatment for their symptoms.”*  \* The papers reporting the effectiveness of ESCAPE-pain are listed below and are freely available through our website at [Evidence of effectiveness](http://www.escape-pain.org/about-escape/evidence)  Hurley et al (2007a). "Clinical effectiveness of a rehabilitation program integrating exercise, self-management, and active coping strategies for chronic knee pain: a cluster randomized trial." Arthritis and Rheumatism **57**(7): 1211-1219.  Hurley et al (2007b) Economic evaluation of “ESCAPE(knee pain)”: A rehabilitation programme for chronic knee pain.Arthritis and Rheumatism **57**:1220-1229.  Hurley et al (2012). "Long-term outcomes and costs of an integrated rehabilitation program for chronic knee pain: A pragmatic, cluster randomized, controlled trial." Arthitis Care and Research **64**(2): 238-247.  Jessep et al (2009). "Long-term clinical benefits and costs of an integrated rehabilitation programme compared with outpatient physiotherapy for chronic knee pain." Physiotherapy **95**(2): 94-102.  Hurley et al (2010). "Health beliefs before and after participation on an exercised-based rehabilitation programme for chronic knee pain: Doing is believing." BMC Musculoskeletal Disorders 11(1): 31 |
| ***What was the cost of this initiative in terms of time, money, and/or other resources? Please be as specific as you can***  **Participant time**. Participants on the ESCAPE-pain programme have to attend twelve 90 minute sessions, 18 hours in total.  **Cost of programme delivery**. The cost of delivering ESCAPE-pain is about £200 in community venues and about £400 in NHS outpatient departments due to higher estate costs and salaries.  **Return on Investment**. Public Health England estimated delivering *ESCAPE-pain* in hospital outpatient departments yields a return of £5.20 for each £1 invested. A recent report from the York Economic Health Consortium estimated that community-based *ESCAPE-pain* has a return on investment of £8.80 for every £1 invested.  **Participant costs**. If delivered through the NHS or partner organisation the programme is completely free to participants. If an community organisation has contracted with local health commissioning groups to provide ESCAPE-pain they cannot charge for the programme  As community organisations as commercial organisation they need to generated revenue to recover their delivery costs. They achieved this by various means such as:   * charging the full or subsidised cost of the 12-session programme (between £24-£60), usually based on charges for similar rehabilitation or exercise-on-referral programmes, and often included use of the centre’s other leisure and social facilities and activities (swimming, yoga, exercise classes, etc). * charging a membership fee (often at reduced rates) that includes the cost of the programme and use of their facilities * recouping their costs from the sale of refreshments, food, merchandise, etc, was another source of new income * developing post-programme activities to support participants remain active retaining the benefits that clinical departments cannot offer.   These are additional out-of-pocket expenses, but research and anecdotal evidence has shown people are willing to pay for interventions that reduce pain and restore their quality of life. |

## And, finally…

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| ***Are there any lessons you learned or top tips that you would like to share? (max 200 words)***  We have learnt many lessons from our work on ESAPE-pain:   * to maximise uptake of self-care interventions it is vital that potential recipients are confident the intervention is safe, effective, can be easily implemented, and that they will benefit to reward their investment of time and effort. * to achieve these it is very important to involve users in the development and refinement of the intervention. * facilitating spread necessitates raising awareness of your “product” and then succinctly distilling complex information in ways that can be conveyed easily. * ensuring everyone feels they are making a meaningful contribution is essential to forming partnerships that are essential in making valued, useful and enduring partnerships.   We have shared these learnings widely through our networks, learning events, academic publications, patient advocate groups, social media, etc. |
| ***Did you use any of the Self Care Forum’s resources? If so, please specify.***  We haven’t used any of the Self Care Forum’s resources. However, we look forward to collaborating with the Forum to raise awareness of the Self-Care Forum through the programme’s profile so that together we might improve the lives of many millions of people. |
| ***Why do you think this initiative deserves to win the award? (Max 100 words)***  Joint pain blights the lives of many millions of people. It is easy to ignore if you don’t have it but impossible to ignore if you do. We developed ESCAPE-pain so that can be delivered to many people to greatly improve their lives by helping them understand why its important to be more active how they can achieve this. We want to stop turning people into patients and enable them to help themselves #LiveBetterDoMore. The Self-Care Forum Innovation Award would enhance our profile and reputation, and greatly increase the likelihood of us achieving our goals. |
| ***Do you have an image, materials or weblinks to supplement your application? Please supply no more than 2 images which may also be used to promote your application if successful.***  We have many images we could share with you but the best place to fins all the information about the programme is at our website <https://escape-pain.org/>. In particular, we are very proud of the testimonies from people who have been through the programme explaining it has helped them <https://escape-pain.org/personal-stories>.  The website also has a great deal more information about the programme you may find useful. |
| Your application may be chosen to be uploaded to the “best practice” page of the Self Care Forum website to share excellence so that others might use the learnings in your application to empower more people. We will also include your email address so that people may get in touch with you. Please give us permission below by choosing a, b or c (please delete the two that don’t apply).   1. Yes I give permission for my application to be uploaded to the website with my contact details |

We look forward to receiving your application. Please email your completed form to:

[selfcare@selfcareforum.org](mailto:selfcare@selfcareforum.org)