

The pathway approach

Commissioning (planning, agreeing and monitoring services) in a structured pathway is the best way to make use of NHS finances. It means that patients won't get medical treatment when they don't need it, and will get it quickly if they do. With a proper pathway, everyone knows what is available and understands the referral process.

An example: Mary's knee osteoarthritis

Without a clear pathway

Mary started getting knee twinges. They weren't too bad so she didn't do anything. Recently, though, they have been getting worse, so she decided to go to her GP.

Mary's GP says that there isn't anything serious; she's just getting older! He says it is important for her to keep moving and suggests some exercises, but he doesn't have time to answer her questions. He tells her it will help if she loses some weight.

Mary finds the exercises hurt, so assumes they are doing more harm than good and she gives up. The pain gets worse and Mary goes to her GP several times in the next year. In the end, he refers her to a surgeon to see if she needs a knee replacement.

The surgeon decides Mary doesn't need surgery but tells her to come back in a year. Mary continues taking pain killers, doesn't do much exercise and is putting on weight. She struggles with work, goes part time and eventually gives up altogether. She becomes isolated and depressed.

Eventually, Mary's pain is so bad that the surgeon agrees to operate. But Mary's local NHS service has a policy that people who are overweight must lose weight. Gradually, Mary does manage to lose enough weight, but by this time her pain is extreme. The operation helps, but she still has difficulty with mobility.

The result...

At least eight million people in the UK¹ have osteoarthritis, but many don't know it. Knee arthritis is very common.

Escape Pain classes have proven to be effective in helping people manage knee pain.

Find a class near you at escape-pain.org

Without Escape Pain classes, Mary is in more pain than she needs to be. She is making repeat appointments with the GP when she doesn't need to. She sees a surgeon when she doesn't need to.

Mary has to give up work, stops paying tax and starts to claim benefits. People with bone, joint and muscle conditions are less likely to be in full time work than any other long-term condition. 79 per cent of people with arthritis have anxiety or depression².

Mary's daughter has to give up work to help care for Mary.

With a good pathway

Mary started getting knee twinges. They weren't too bad so she didn't do anything. Recently, though, they have been getting worse, so she decided to go to her GP.

Mary's GP says that there isn't anything serious. He refers her to a joint pain advisor who talks about her pain and says there is a special Escape Pain exercise class at the local leisure centre.

Mary goes to the class and learns more about pain and exercise. She also enjoys sharing tips with other people in the same situation. She can go back to the joint pain advisor any time she needs to.

After many years Mary's pain gets severe enough that the joint pain advisor suggests that she might want to consider surgery. Mary doesn't have to wait long for an appointment because the surgeon doesn't see patients until they need to see him.

Mary has her operation quickly and it is a great success. She didn't need the operation until after she retired, and her quick recovery means she can continue to look after her grandchildren.

More than 100,000 knee replacements were undertaken in 2015³

¹ Osteoarthritis in General Practice, Arthritis Research UK, 2013 <http://www.arthritisresearchuk.org/~media/Files/Policy%20files/Policy%20pages%20files/Arthritis%20Research%20UK%20Care%20planning%20and%20Musculoskeletal%20Health%20November%202014.ashx?la=en>

² Hidden Impact: Arthritis and mental wellbeing, Arthritis Care, 2017 https://www.arthritiscare.org.uk/assets/000/001/731/Hidden_impact_report_-_web_ISSUE_2_original.pdf?1494240069

³ National Joint Registry, 13th annual report 2016 <http://www.njrreports.org.uk/Portals/0/PDFdownloads/NJR%2013th%20Annual%20Report%202016.pdf>