

INFORMATION FOR CLINICAL COMMISSIONING GROUPS

Frequently Asked Questions

What is ESCAPE-pain and how does it help people?

ESCAPE-pain stands for **E**nabling **S**elf-management and **C**oping with **A**rthritic (knee) **P**ain using **E**xercise. It is a rehabilitation programme for people with chronic knee pain – often labelled osteoarthritis – that integrates simple self-management and coping strategies with an exercise regimen individualised for each person in the programme.

ESCAPE-pain aims to reduce pain and improve physical function. It also increases self-confidence and self-esteem, as well as people's sense of being in control of their problems. This helps with the depression and frustration that people often feel due to symptoms of pain.

ESCAPE-pain does not cure arthritis nor eliminate pain but by helping people understand their condition, teaching them simple things they can help themselves with, and participating in a progressive exercise programme, they learn how to better manage their problems.

How long is the programme?

Participants attend two classes a week for 6 weeks, for a total of 12 classes. Each class starts with a brief (20 minutes) discussion around a set theme, (e.g. pain; what it is, simple ways to reduce it; healthy eating, pacing etc). This is then followed by 40 minutes of a circuit type exercise programme. Having 12 classes over this period of time allows people to fully engage with the programme and appreciate how they can benefit.

Who can benefit from the programme?

The programme is suitable for a broad range of people over the age of 45 years with chronic knee and/or hip pain, and there are few contraindications.

Who can deliver ESCAPE-pain and where are classes usually held?

The programme can be delivered by physiotherapists, physiotherapy assistants, other clinical staff, or experienced exercise instructors.

Classes can be run in physiotherapy gymnasiums, outpatient departments, and other community settings such as leisure centres, community halls and large rooms at GP practices.

Why should I commission ESCAPE-pain?

ESCAPE-pain delivers the core NICE recommendations for initial management of osteoarthritis. Robust evaluation shows that it is clinically and cost-effective. It is backed by NHS England and RightCare and has numerous endorsements.

ESCAPE-pain offers a solution for a number of issues that CCGs and their local systems commonly grapple with e.g.:

- rising demand for orthopaedic surgery and difficulties in achieving the 18-week wait
- long physiotherapy waiting times
- providing alternatives for patients who fall outside of criteria for orthopaedic surgery
- pressure on GP time
- desire to offer self-management support for Long Term Conditions
- helping people to get active and tackle obesity
- reduce medication use, in particular opioids

Twelve sessions sounds like a lot! Do I really need to commission that many?

If you want to call the programme ESCAPE-pain and achieve the programme's sustained clinical benefits and health and social care savings, you must deliver the *full programme* in ideally 12, and at least 10 sessions. See our summary entitled 'Cheaper by the Dozen' for more information.

How is ESCAPE-pain different from other programmes that might be running in my area?

ESCAPE-pain has a very robust evidence base, and all sites are required to collect clinical outcome data. These consistently replicate the outcomes seen in the original trial, demonstrating that the programme retains its effectiveness when rolled out in the 'real world.'

ESCAPE-pain is similar to other programmes that may already be running in your area but is probably a little more structured and has more sessions. It may be easy to adapt what you do already and deliver it as ESCAPE-pain, but providers must ensure that the core tenets of the programme (shown in the box on below) are met if you wish the intervention to be recognised as ESCAPE-pain, and to be sure that the benefits will be achieved.



How do the referral pathways work?

This is up to local services to determine according to local context. In the majority of cases, patients are triaged into the ESCAPE-pain programme, either directly by the MSK triage service, or via the GP, physiotherapy provider or an orthopaedic surgeon. We also strongly encourage self-referral to the programme, and can supply resources and recommend ways to generate public awareness for commissioners who wish to engage the public in this way.

Regardless of the referral route, it is important that a discussion takes place with each participant regarding the nature of the programme to see if they would benefit and that they are happy to commit to the 12-class programme.

Can you give me more detail about the savings we can expect if we commission the programme?

A research study (Hurley et al 2012) followed people for two and a half years after the programme, and showed that people who had been on the programme had lower healthcare utilisation costs – £1,118 lower per person – two and a half years after completing the programme. Updating these prices to 2016/7 prices (using PSSRU.ac.uk database), that's £1,512 per person over a two-and-a-half year period.

Breaking this down, the savings arose from reductions in: medication use, knee-pain related hospital bed days, secondary care outpatient appointments, diagnostic investigations; and GP, and other community contacts.

Taken directly from this paper, and updated to 2016/7 prices, this table summarises the reduction in healthcare utilisation you might expect if you commission ESCAPE-pain:

Reductions in healthcare utilization per 1000 participants 2.5 years after completing the programme (2016/7 prices)	
Medication <i>£21.64/person/annum</i>	£21,640 per annum
Community based care <i>GP consults, district nurse, physio at surgery/home, social care</i> <i>£63.55/person/annum</i>	£63,550 per annum
Total health and social care utilization over 2.5 years <i>Includes medication and community based care as above, plus secondary care services - inpatient bed days; outpatient attendances, A&E and other consultations</i> <i>£1,512/person/2.5 years</i>	£1,512,000 over 2.5 years

Expressed another way, extrapolated from the 2012 research, you might also expect to see the following reductions in bed days, outpatient consultations, and GP consultations:

Measured between end of programme and 6 months i.e. over 4.5 months: Reduction in average number of knee pain-related...	Extrapolated to 1000 pts
...bed days (0.23)	230
...Out-Pt consultations (0.09)	90
...GP consultations (0.11)	110

Measured between 18 and 30 months 'post-programme:' i.e. over 1 year Reduction in average number of knee pain-related...	Extrapolated to 1000 pts
...bed days (0.37)	370
...Out-Pt consultations (0.12)	120
...GP consultations (0.51)	510

Separate studies (e.g. Jessep et al 2009) have compared ESCAPE-pain with usual 1:1 physiotherapy and have concluded that ESCAPE-pain is much cheaper per person. All of the research papers are shown on www.escape-pain.org

What are the usual commissioning arrangements?

The programme is currently being delivered in healthcare settings, and in leisure settings, and a range of commissioning models are in place. For CCG-commissioned activity the most common arrangements are:

- i) The CCG contracts with the physiotherapy provider who delivers ESCAPE-pain in the usual physiotherapy setting under usual provider-commissioner physiotherapy contracting arrangements. Some physiotherapy departments are paid a locally agreed 'group tariff' for ESCAPE-pain participants. Others operate under a block contract arrangement and specify expected volumes for the ESCAPE-pain activity.
- ii) The CCG contracts with the physiotherapy provider as described above, but the physiotherapy provider **delivers** the class in a **leisure** setting. The leisure provider offers the venue without charge, and benefits from increased footfall to its facilities – both during the programme, and when participants continue to use the facilities after the programme.

This is an ideal programme for partnership work and potentially joint commissioning between CCGs and Public Health. A number of leisure trusts are currently running the ESCAPE-pain programme, funded by a grant from Sport England, and a variety of different sustainable models are being explored by the local CCGs, Public Health departments and the leisure sector. More information will be available soon.

What are the costs for providers?

Hurley et al (2007) showed that ESCAPE-pain cost £125 per participant for the full programme. This was later updated to £163 to recognise 2016 prices in a summary of the programme prepared by the British Society of Rheumatologists.

The above costs were based on a band 7 physiotherapist delivering the programme. However, most sites use less highly-paid staff therefore costs are usually lower than this. We have developed a simple Return On Investment calculator to illustrate this. Have a look at the ESCAPE-pain Return on Investment Calculator and adjust the inputs for your local area to assess the delivery costs and subsequent return on investment for different delivery models.

Are there other training or equipment costs?

All staff delivering the programme must attend the accredited 1-day training programme. Costs are in the region of £300 per person.

The equipment required is commonly available in most physiotherapy departments or leisure settings, and there are unlikely to be any significant additional costs.

Where can I read the original research and subsequent endorsements?

All of the research papers are listed on www.escape-pain.org in the 'Evidence' section.

ESCAPE-pain has attained multiple awards and endorsements:

An independent Evidence Review Panel convened by Versus Arthritis in 2016, and involving NHS England, the Department of Health, and Public Health England selected ESCAPE-pain as the structured community rehabilitation programme of choice. It features in Osteoarthritis of the Knee Commissioning guidelines published by the British Orthopaedic Association, and in Right Care Commissioning for Value packs.

In 2017, NHS England invited Professor Mike Hurley and the ESCAPE-pain Programme to join the National Innovation Accelerator Programme.

The Academic Health and Science Network (AHSN Network) selected ESCAPE-pain for priority implementation nationwide from 2018-20.

- Referenced in the original (2008) NICE clinical guideline [CG177] for the management of osteoarthritis.
- ESCAPE-pain is highlighted in the updated NHS England clinical guidance on knee arthroscopy for patients with osteoarthritis in their [Evidence-Based Interventions: Guidance for Clinical Commissioning Groups \(CCGs\)](#) published in November 2018 and updated in January 2019. The guidance states that exercise programmes like ESCAPE-pain are more effective treatments for patients with osteoarthritis than arthroscopic knee washouts.
- ESCAPE-pain is referenced in the Public Health England published guidance on musculoskeletal health - '[Musculoskeletal Health: applying All Our Health](#)'.
- Featured in '[Moving Forward](#)' (July 2018), the National Institute for Healthcare Research Themed Review of Physiotherapy for Musculoskeletal Health and Wellbeing
- Best Practice Award in Rheumatology and Musculoskeletal Disorders from the British Society for Rheumatology 2016

- Health and Wellbeing Award from the Royal Society of Public Health 2015
- Finalist for the AbbVie Sustainable Healthcare: Patients as Partners Award 2016
- Featured as a [Quality Innovation Productivity and Prevention \(QIPP\) case study](#) (NICE publication)
- Recommended as Tier 3 intervention in Versus Arthritis's '[Providing physical activity interventions for people with musculoskeletal conditions](#)' report and British Journal of General Practice (BJGP) [editorial](#)
- Recommended by Public Health England (PHE) as a preferred intervention for musculoskeletal management - their report titled, '[Return on Investment Interventions for the Prevention and Treatment of Musculoskeletal Conditions](#)' which shows the programme has a positive financial ROI of £5.20 for every £1 spent
- Endorsed by the [Academic Health Science Networks](#) (AHSNs) and listed on the [Innovation Exchange website](#)
- Awarded a [Sport England grant](#) to tackle inactivity in inactive people over 55
- Recommended by [NHS Staff Health & Wellbeing: Commissioning for Quality and Innovation \(CQUIN\)](#) as a low intensity therapy for their supplementary guidance
- Included in the Richmond Group's '[Doing the Right Thing](#)' report
- Featured within [NHS RightCare Commissioning for Value packs for Long Term Conditions](#)
- Highlighted by the [British Orthopaedic Association \(BOA\)](#) in the commissioning guidance for hip pain
- Semi-Finalist Harvard Business School Acceleration Challenge 2016

Can you put me in touch with CCGs who have already commissioned ESCAPE-pain?

Yes. Please email hello@escape-pain.org and we will put you in touch with other CCGs who have commissioned the Programme.

Is there anything else I can implement to help local patients living with osteoarthritis?

Yes. The simple, core messages that NICE recommends for the initial management of osteoarthritis can be delivered by a range of staff in the community. This 'Joint Pain Advice' can be offered by a physiotherapy assistant, health trainer, physiotherapist or occupational health advisor. We have developed training and can support staff to be able to offer this simple Joint Pain Advice in a variety of different settings. You can achieve this by introducing a 'joint pain advisor' element to an existing role working within your local systems. Some CCGs are now offering both 'Joint Pain Advisor' and ESCAPE-pain elements in their MSK pathway. [These slides](#) give an overview of the Joint Pain Advisor approach. [Here](#) is a summary.

[This](#) article from the Telegraph newspaper in November 2017 illustrates how the 'Joint Pain Advice' approach could work in practice alongside ESCAPE-pain.

The ESCAPE-pain programme is an intervention for people with knee osteoarthritis developed by Professor Mike Hurley. The programme is hosted by the Health Innovation Network and supported by NHS England and Versus Arthritis. July 2018

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