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A guide for leisure providers and clinicians applying for funding to deliver ESCAPE-pain

Content publication: 2022

ESCAPE-pain funding application toolkit

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# Introduction

This toolkit has been developed to act as a guide to help clinical, leisure and community organisations applying for funding from healthcare organisations such as Integrated Care Boards (ICBs) - formerly Clinical Commissioning Groups (CCGs) - government bodies, as well as local authorities, charities and calls for local and national grants awards, etc.

It highlights areas that funding bodies may require potential applicants to address, such as information about format and content of the programme; local need for ESCAPE-pain; the costs of setting up and delivering the programme; facilities needed and available; likely savings and benefits to the local health systems or leisure/ community organisations; strategies for implementation; ideas of how to sustain the programme.

It uses examples from business cases that have been successfully used to obtain funding that might be updated, adapted and used.

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# Make the case for ESCAPE-pain

In the Executive Summary of your business case, provide a brief background making the case for why ESCAPE-pain is needed using data, evidence and “local intelligence” to contextualise the application for your locality.

**EXAMPLE:** For example, one ICB used data from NHS RightCare to show the variance between themselves and comparators in health outcomes such as knee replacements, and how initial levels of health reported by their patients before surgery was higher than comparators, suggesting patients were being recommended for surgery too early in their treatment pathway.

Once you have set the scene, describe what ESCAPE-pain is (e.g., what it is, who it is for, the programme’s content, format and delivery, etc), where the programme has been successfully implemented in your region, or comparable region, and the benefits and cost savings you expect to achieve.

# What is ESCAPE-pain?

ESCAPE-pain stands for Enabling Self-management and Coping with Arthritic Pain using Exercise and is an award-winning group rehabilitation programme for people aged 45 and over who have chronic knee and hip pain – often labelled osteoarthritis (OA) – or 18 and older with chronic back pain. It teaches people the value of simple self-management and coping strategies, and they undertake an exercise regime that is individualised for each participant. There is a robust evidence-base showing the programme produces sustained improvements in clinical outcomes, reduces costs and is easy to implement.

For more information about ESCAPE-pain, please see the below document:



These programmes consist of 12 x 60 minute sessions (twice a week over six weeks) delivered by a trained “facilitator” (physiotherapist, exercise professional). Each session consists of a 15–20-minute informal discussion around a set theme, followed by approximately 40-45 minutes of a circuit type exercise programme. Participants attend in groups of about 10, so it is a very efficient way to treat the many people living with joint pain.

There is also a website participants can use during and after completing the programme.

**Exercise component (40-45 minutes):**

The programme uses simple, unsophisticated exercises that are easy to do and can be repeated at home using inexpensive, easily available equipment. These can include quadriceps over a block, bending and straightening the knee, sit to stand from a chair, step-ups, step-downs, using a static bike, standing on a rocker board, standing on one leg, shuttle walks, and squats.

**Education component (15-20 minutes):**

Each session starts with an informal themed discussion, rather than a formal lecture, which are led by a facilitator. The sessions cover themes such as simple anatomy of the knee joint, what causes pain, goal setting, rest-activity cycling, weight management, healthy eating, and simple relaxation techniques.

# Overarching aims of the ESCAPE-pain programme

ESCAPE-pain aims to improve physical, mental and emotional health and wellbeing of people with chronic knee, hip and/ or back pain, reduce healthcare costs, maximise the efficient use of healthcare resources and increase partnership working between clinical, leisure and community organisations.

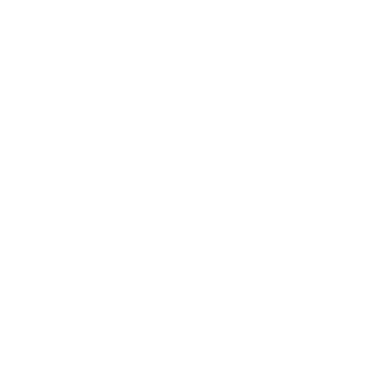
# Programme objectives

**Tip**

Does your project align to

the funders core objectives?

Study their guidelines, strategies, and organisational values. You could also reach out to funders to make sure you are clear about their aims and objectives.



For ***people*** with knee, hip and/ or back pain ESCAPE-pain can:

• reduce pain

• improve their function and mobility

• reduce feelings of anxiety and depression

• restore their independence

• get them up, out and socialising again

• help them regain control of their lives

For ***NHS Commissioners and providers*** ESCAPE-pain can:

* improve the health of patients as above
* reduce joint pain related healthcare costs by reducing GP,   
  hospital and physiotherapy consultations, investigations, and interventions
* provide an alternative to medication and may delay or avoid surgery
* provide an effective intervention for people on surgical waiting lists
* maximise efficient use of resources by treating people in groups
* deliver evidence-based intervention recommended by NICE and the NHS RightCare programme (ESCAPE-pain is recommended by RightCare for Long Term Conditions)
* fulfil the NHS Long-Term Plan of making it easier to access effective care for people in their community rather than needing to attend hospital appointments
* enable people to self-mange long term conditions, prevent ill health and support people to live healthier lives

For ***leisure providers and local authorities***, ESCAPE-pain:

* supports their local community to self-manage chronic joint pain, become more active and improve quality of life
* enhances and increases their health and wellbeing services
* forms collaborative partnerships with local health providers (GPs, Nurses, Physiotherapists), exercise on referral, social prescribers and increases self-referrals
* upskills their workforce by training them to deliver the programme
* generates revenue by increasing membership, footfall, attracting untapped and underrepresented market of older, inactive people, using their facilities during quiet off-peak times
* supports people in retaining the programme’s benefits by providing classes and programmes that help them remain active
* generates revenue to make the programme sustainable

# Where has the programme been successfully implemented in your region, or in a geographically close or socioeconomically similar region?

Funders like to see where the programme has been implemented and what they have found. It is very compelling to provide an overview of where and how ESCAPE-pain has also been delivered by your

organisation or across your region and any outcomes. **(Input relevant info/data into the [X]).**

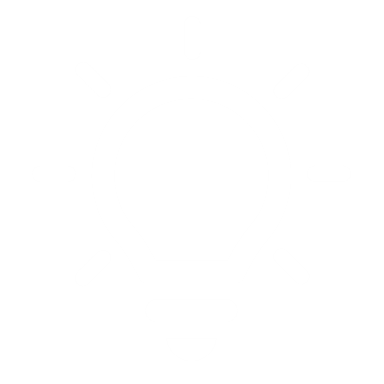
You can use the example statement below to provide an overview of where ESCAPE-pain is currently being delivered, how many places have previously been funded in what time period, and completion rate. Alternatively, you can state which other leisure providers or ICBs have adopted the ESCAPE-pain programme. It may be useful to get in touch with a couple of these organisations for more information about how the programme has been successful across their patch.

*“The programme is delivered widely across the UK in over 300 physiotherapy, leisure, and community centres. ESCAPE-pain for hips and knees/ backs has been available in* ***[X region]*** *and* ***[X]*** *places have been made available, of which* ***[X]*** *participants have accessed between* ***[X month/year]*** *and* ***[X month/year].******[X%]*** *have completed the programme.”*

View our interactive maps:

[For hips/knees sites](https://escape-pain.org/i-have-knee-hip-pain/find-a-local-class/)

[For backs sites](https://escape-pain.org/i-have-back-pain/find-a-local-class/)

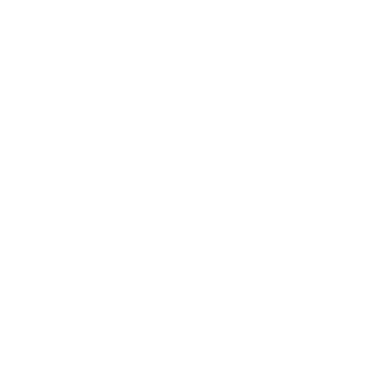


# What are the key benefits of delivering the ESCAPE-pain programme?

**Tip**

Use this as an opportunity to

sell the benefits of delivering ESCAPE-pain. You can evidence outputs from your own organisation (if looking to sustain ESCAPE-pain) or from comparators in your region, e.g., other ICBs or leisure providers. We have provided a couple of examples here.



**For NHS Organisations**

About 90% of people with OA are managed by GPs. OA accounts for 2 million GP consultations and ~150,000 knee/ hip replacements, making it the third largest NHS expenditure. In addition, it causes 36m lost working days and accounts for ~£480/ person/ year out-of-pocket expenses. The total health, social welfare and societal costs is £3.2 billion, ~1% of GDP.

ESCAPE-pain can reduce the number of GP consultations and reduce prescriptions of painkillers for this group. Furthermore, the programme is a more efficient way to deliver effective rehabilitation, as people are seen in a group rather than having individual physiotherapy. Moreover, the programme can be delivered by junior physiotherapists or rehabilitation assistants thereby upskilling, expanding, and using the workforce.

The programme facilitators give great feedback on the ESCAPE-pain programme as it provides a positive experience where they know they are delivering evidenced-based care, and they also see the benefit that it gives to participants.

**EXAMPLE:** **Successful ESCAPE-pain Business case submitted by North West London ICB**

The estimated cost (from previous ICBs who have run these classes) is £163 per patient. Previous ICBs using ESCAPE-pain have found the following benefits per 1,000 patients:

- reduction of 230 bed days

- reduction in 90 outpatient consultations

- reduction in 110 GP consultations

- reduction in medication costs of £20,280

- reduction in community-based care estimated at a value of £59,000

**For the leisure and community sector**

The outcomes and benefits observed when ESCAPE-pain was delivered in physiotherapy departments have been replicated where the programme has been implemented in the leisure and community sector. Leisure providers are becoming increasingly interested in the programme as they try to attract older people to join as members and rebrand their gyms as “health centres”.

Key benefits for leisure providers:

* form partnerships with local health providers
* provides the opportunity to deliver an evidence-based, award-winning intervention
* skills up the workforce as instructors complete training to deliver the ESCAPE-pain programme and support people living with chronic OA and back pain
* inexpensive to set up and run
* increased footfall
* generates revenue as participants join other classes, use cafés, shops and vending machines
* more efficient use of resources as classes can run in off-peak times

**EXAMPLE:** **ESCAPE-pain in the community North West leisure provider case study**

Of 175 people who completed the programme between 2018 and 2020:

- 85% had less knee and hip pain

- 75% reported better quality of life

- 72% had improved mental wellbeing

- 92% increased their physical activity levels

- Customer satisfaction was 9.8 out of 10

- 72% undertook other classes and programmes offered by leisure centres after completing ESCAPE-pain

- ROI £204,484 saved in the health and social care sector

**For public health**

Increasing physical activity levels, particularly among sedentary audiences, has significant public health implications around reducing co-morbidities and managing other long-term conditions that these patients are at higher risk of. They also reported reduced social isolation and better mental health and well-being.

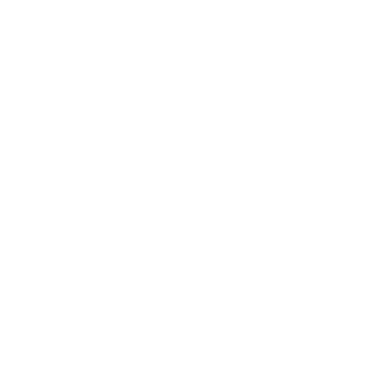
Public Health England made MSK a priority for 2018-19 and has promoted and supported ESCAPE-pain.

Read more of our ESCAPE-pain in the community case studies **[here.](https://escape-pain.org/providers/case-studies/)**

# 

# Evidence the need

It is important to have a clear idea of what the funder is looking for so that you can evidence the need.



**Questions to ask yourself**

* Why does ESCAPE-pain need to be implemented?
* What is the wider benefit of the project? For example, if you are a leisure centre with

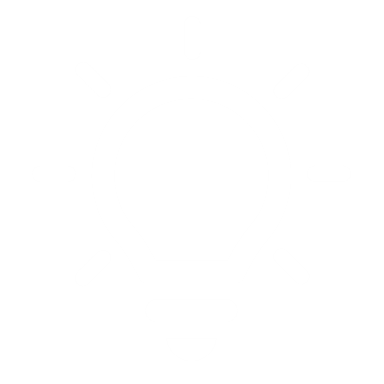
paying members, what is the benefit of this project on the wider community?

* Does the ESCAPE-pain programme align to the funders core objectives? Take a look at their guidelines, strategies, and organisational values (You can highlight this in the **‘Programme aims’ and ‘Programme objectives’**).
* What cause is this helping? Does the ESCAPE-pain programme solve a social issue? How is it more than just a ‘nice to have’?

Once you have this information, you can pitch the relevant stats and figures based on what the funder wants to achieve (e.g., reduce NHS costs, prescriptions, co-morbidities, waiting lists for surgery, pressure on GPs), and hone your argument to fulfil the funders’ organisations remit and aims.

Showcasing the evidence for the need of ESCAPE-pain is an important step in applying for grant funding. Using secondary data is not enough to show the importance, therefore, capturing the evidence of need through primary data is key, for example, qualitative and quantitative data collected through surveys, interviews, discussion groups or letters of support.

One ICB used data from the Versus Arthritis MSK calculator to show the size of the patient problem in their area, and then data from NHS RightCare to show how much it currently costs to manage the population, the likely future projection of the size of local population, what that might cost, and possible savings achieved by implementing ESCAPE-pain.



**Tip**

Use [Versus Arthritis MSK calculator](https://www.versusarthritis.org/policy/resources-for-policy-makers/musculoskeletal-calculator/) to find data on estimated number of people over the

age of 45 living with OA or back pain in your region based on either your local authority or ICB.

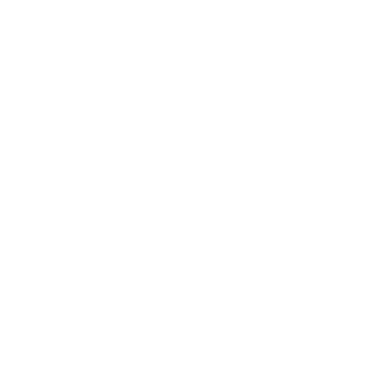
Use [Secondary Users Services (SUS) data](https://digital.nhs.uk/services/secondary-uses-service-sus) to determine how many knee/ hip or back operations there have been in your region.

# What is the purpose of ESCAPE-pain in your region/ patch?

ESCAPE-pain contributes significantly to **[input funding source key strategic objective(s)].** There are additional benefits to the health economy resulting from this in terms of community treatments, such as additional physiotherapy sessions, social care and reduced GP appointments, as well as medication savings from reduced painkiller use, better mental health, increased physical activity and socialisation.

Cite any relevant

ESCAPE-pain statistics and testimonials from your region/ patch **[x].**



ESCAPE-pain also provides positive patient/participant outcomes:

* quality of life improvement score increased by **[x]%**
* pain improvement score increased by **[x]%**
* function improvement scores increased by **[x]%** sustained over **[x]** months

**[X]** have started the ESCAPE-pain programme with a completion rate **[of/ exceeding x]%.**

Participants/ patients have told us how this programme has changed their lives; they have become more mobile, independent, physically and socially active, and less reliant on medication.

Patient feedback includes: **[List testimonials]**

# Costs to set up and deliver ESCAPE-pain

Many leisure providers use their leisure centres, utilising gym spaces and/ or studios (which are easier to manage and offer more privacy for participants). Some offer the programme from community halls which may require a small venue hire charge. Delivering ESCAPE-pain only requires simple, unsophisticated, inexpensive equipment that can be found in any exercise location, meaning no additional costs.

The decision to charge, and how much to charge, is at the discretion of the provider organisation and determined by its need to cover running costs and/ or break even.

Where the programme is currently being charged to participants, costs range from £24 - £60 for the 12-session programme.

Examples of funding models used by leisure/ community organisations include:

* local, regional or national grants to support programme facilitator costs and hall hire to subsidise the programme delivery
* ESCAPE-pain charged as an upfront cost (e.g., a successful collaboration between local healthcare providers, a local authority and leisure trust charged £36 per participant to cover the programme costs)
* ESCAPE-pain charged as an upfront cost for people referred from local MSK clinic, but costs refunded if a participant completes 80% of the programme
* self-referrals are charged a non-refundable charge at the beginning of the programme.
* subsidised membership of the leisure centre
* ESCAPE-pain included in cost of leisure centre membership
* programme charged as upfront cost but includes other benefits as part of the package such as free-swimming membership for the duration of the ESCAPE-pain programme or reduced rate for refreshments
* reduced-price leisure centre membership after completing the programme

Some leisure providers work with their local health system to receive referrals from GPs, MSK teams, Falls Prevention Services and Community Physiotherapists, health trainers, Community Health Ambassadors, local charities, Community Interest Companies (CIC), etc. To engage with these key stakeholders, establish referral pathways and encourage self-referrals, leisure providers have:

* promoted ESCAPE-pain as a programme that benefits patients of their health partners via GP forums, TeleHealth, linking with Versus Arthritis, targeted promotions on social media, health and wellbeing events, directly targeting health professionals and local councilors
* directly targeted the public to encourage them to self-refer themselves (via newsletters, events, target marketing)
* created a webpage on their website, providing all of the information people needed to know (what the programme is, eligibility criteria, how it works, how they sign up and refer to it)
* created social media graphics, posters, banners, leaflets, decorative bunting, and staff t-shirts with their key message “Do you have knee or hip pain?”, to attract the attention of people with osteoarthritis, or people who may know someone that has osteoarthritis in GP surgeries, residential homes, hospitals, health centres, pharmacies, and community centres
* made videos of ESCAPE-pain sessions in action
* collected testimonials from participants who had successfully completed ESCAPE-pain and were keen to champion its benefits to others
* shared all this activity across social media and with their local press contacts
* charged a small fee that included a 6-week free gym membership as an incentive to make the programme sustainable

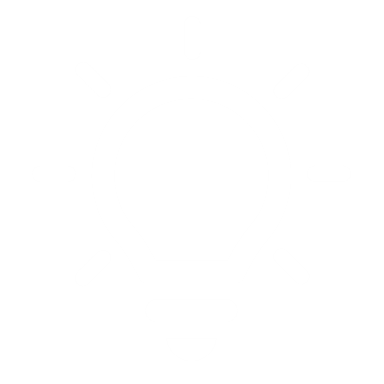
These promotional activities may have a cost, but they are often small and may be non-recurring.

**Tip**

Provide realistic cost estimates for promotional activity and subsidised gym membership

costs (e.g., printing and labour costs, social media promotion - even down to the tea, coffee

and biscuits!)



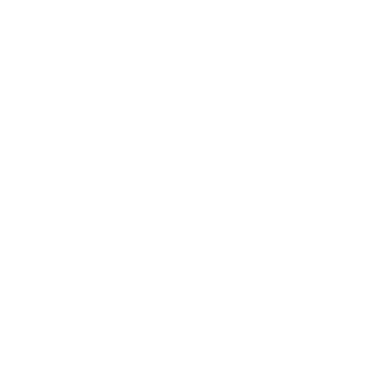
# Scope statement

# Scope statement

**Tip**

Outline here the funding

required and more information about the delivery of the programme (i.e. how long it will run, how many programmes are expected to be delivered, in what locations and venues). **Add in the relevant funding and delivery information [x].**



The funding requested is **£[x]** to deliver **[x]** ESCAPE-pain programmes over **[X period]** in **[X location].** The programme will be offered in **[X e.g. leisure provider centres/ community halls/ centres and/ or virtually]** to ensure accessibility of ESCAPE-pain in local non-clinical settings for participants.

To provide good access to these programmes **[x]** courses will be required per year providing **[x]** places.

Taking into account allowance for training, venue hire and promotional activity, this will cost **£[x].**

# Cost savings

The economic evaluation of ESCAPE-pain (Hurley 2007b, Hurley 2012) suggests that for every 1,000 participants who undertake ESCAPE-pain there are potential savings (2017-18 prices) of:

* £21,840 per/ annum in medication
* £64,140 per/ annum in community-based care (GP consultations, district nurse, social care contacts)
* £1.5m in total health and social care (hospital services – inpatients days; outpatients, A&E and other consultations) over 30 months after completing the programme

A proportion of savings are cash-releasing, but equally importantly save much needed clinical time.

**EXAMPLE:** **ESCAPE-pain in the community - Northwest leisure provider case study**

The estimated cost (from previous ICBs who have run these classes) is £163 per patient. We wish to provide the programme to 610 patients. **Total cost = £163 x 610 = £99.5k**  
Previous ICBs using ESCAPE-pain have found the following benefits per 1,000 patients:

• reduction of 230 bed days

• reduction in 90 outpatient consultations

• reduction in 110 GP consultations

• reduction in medication costs of £20,280

• reductions in community-based care estimated at a value of £59,000

We believe the programme would generate following costs and savings.

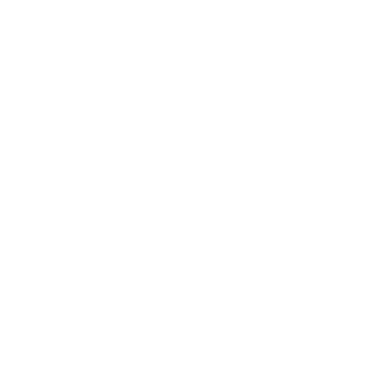
|  |  |
| --- | --- |
| Number of patients completing course  Cost of programme delivery | 610  (610 x £163 = £99.5K) |
| Number not attending secondary care | 61 |
| Number of procedures avoided | 31 |
| Savings from first appointments | £7,930 |
| Savings from follow up appointments | £2,288 |
| Savings from procedures avoided | £212,585 |
| **Gross savings** | **£222,803** |
| **Net savings (-£99.5k)** | **£123,303** |

# Return on Investment (ROI)

Based on Public Health England’s (PHE) return on investment tool for musculoskeletal conditions, PHE calculated that for every £1 spent, ESCAPE-pain offers a healthcare savings return of £5.20.

PHE also released 'Return on Investment of Interventions for the Prevention and Treatment of Musculoskeletal Conditions' stating there is an estimated net saving of £1,309.78 per patient who attends an ESCAPE- pain course. This is based on health care activity savings. If this funding is available, it would enable **[x]** people to complete a course giving an overall return on investment of **£[x].**

Use [Public Health England’s   
(PHE) return on investment  
tool](https://www.gov.uk/government/publications/musculoskeletal-conditions-return-on-investment-tool) to calculate potential ROI based on funding available.



# Options for delivery

The programme is currently being delivered in healthcare and in leisure settings, using a range of commissioning models.

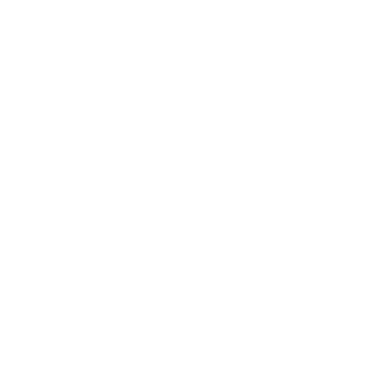
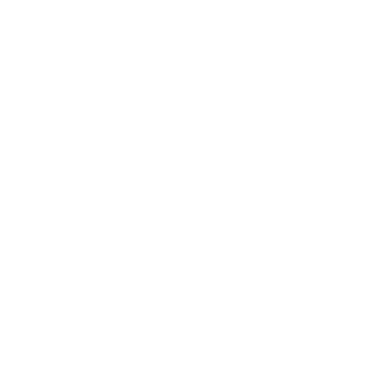
For ICB-commissioned activity, the most common arrangements are:

* the ICB contracts with the physiotherapy provider to deliver ESCAPE-pain in physiotherapy outpatient departments. Some contracts are a locally agreed “group tariff”, others operate under a “block” contract that specify expected number of participants.
* the ICB contracts with the physiotherapy provider as described above, but the physiotherapy provider delivers the programme in a leisure centre. The leisure provider offers the venue without charge, and benefits from increased footfall during the programme and when participants continue to use the facilities after the programme. The leisure provider may instigate other “paid for” programmes to support participants after they have completed the programme or offer incentives to encourage participants to take up centre membership.
* the ICB contracts with local authority to deliver ESCAPE-pain in a leisure setting and/ or community halls. The leisure providers use their own venue/ community halls and develop referral pathways with local physiotherapy departments, primary care services, Exercise on Referral (EoR) scheme and falls programmes etc., to facilitate easy referral.

For ESCAPE-pain commissioned by local authority, the most common arrangements are:

* the local authority contracts with the leisure provider to deliver ESCAPE-pain in leisure settings and community halls. The leisure provider links with referral pathways from health professionals (GPs, nurses, physiotherapists), Exercise on Referral (EoR) routes, social prescribers and promotes self-referrals onto the programme.

# Sustainability of impact

Funders want to know how the impact will be sustained following the end of the funding period.

**Questions to ask yourself**

* How are you sustaining the impact of ESCAPE-pain post-programme?
* How are you linking ESCAPE-pain with continuing other physical activity opportunities?

It is important that you establish an ‘exit strategy’ for participants “graduating” from the programme to ensure the benefits gained are sustained and increase the return on investment. Some leisure operators have set up ‘post-ESCAPE-pain’ classes in response to demand from participants to help graduates maintain their physical activity or have offered subsidised gym memberships to encourage graduates to continue getting involved in physical activity in their communities. What can be offered will depend on what your organisations are willing to offer to incentivise people to remain active and generate revenue if needed. We would encourage you to be as imaginative as possible.

Clinical departments have very limited ability to put in place activities, classes and programmes to help people sustain their activity levels, hence the benefits of the ESCAPE-pain programme. Clinical departments might consider linking with local leisure and community organisations to signpost participants to local activities and programmes that they might engage with.

# Risks, Issues and Dependencies

Find below examples of events that can have an adverse impact if they occur.

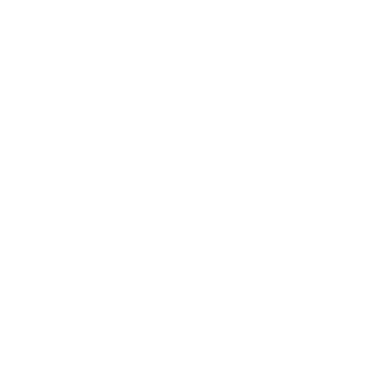
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| --- | --- | --- | --- |
| Risks | Likelihood | Impact | Total |
| **Poor engagement with GPs meaning low referrals.**  Mitigated by awarding an activity-based contract, e.g., Courses will not run without a minimum of eight starters, and the provider plans to oversubscribe by X% for each course due to reported drop off rates. |  |  |  |
| **COVID-19 poses a risk to the delivery of ESCAPE-pain.**  Infrastructure is in place to deliver the programme as an online course. |  |  |  |
| **Experience and skills gap**  Contingency funding for training will therefore be considered to ensure more than two leisure staff are qualified to deliver the programme if there is absence due to sickness. |  |  |  |
| **Programme does not improve patient health as much as expected, leading to lower savings.** |  |  |  |

Find below examples of potential matters that need to be considered and addressed by the provider. These are risks that have already occurred and need to be addressed.

|  |  |  |
| --- | --- | --- |
| Issues | Mitigation | Owner |
| Potential procurement of community physio services complicates this service. | Close working with physio procurement |  |

Find below examples of other services or programmes that ESCAPE-pain depends on or are a beneficiary of programme outcomes.

|  |  |  |
| --- | --- | --- |
| Dependencies | Impact on project | Owner |
| Re-procurement of community physio services. | Impact on other related services, potential confusion of pathway and referral for GPs. |  |



**If you would like to find out more about how our other providers have delivered ESCAPE-pain in the community, you can read and watch our suite of case studies** [**here.**](https://escape-pain.org/providers/case-studies/)

The ESCAPE-pain programme is an intervention for people with knee or hip osteoarthritis or chronic back pain developed by Professor Mike Hurley.

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