

Enabling Self-management and Coping with Arthritic  
Pain using Exercise - ESCAPE-pain programme

# Information for Integrated Care Boards



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# Frequently Asked Questions

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

ESCAPE-pain stands for Enabling Self-management and Coping with Arthritic Pain using Exercise. It is a rehabilitation programme for people with chronic knee or hip 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 sessions. Each class starts with a brief (20 minute) 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 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 NHS RightCare and has numerous endorsements.

ESCAPE-pain offers a solution for issues that ICBs 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.

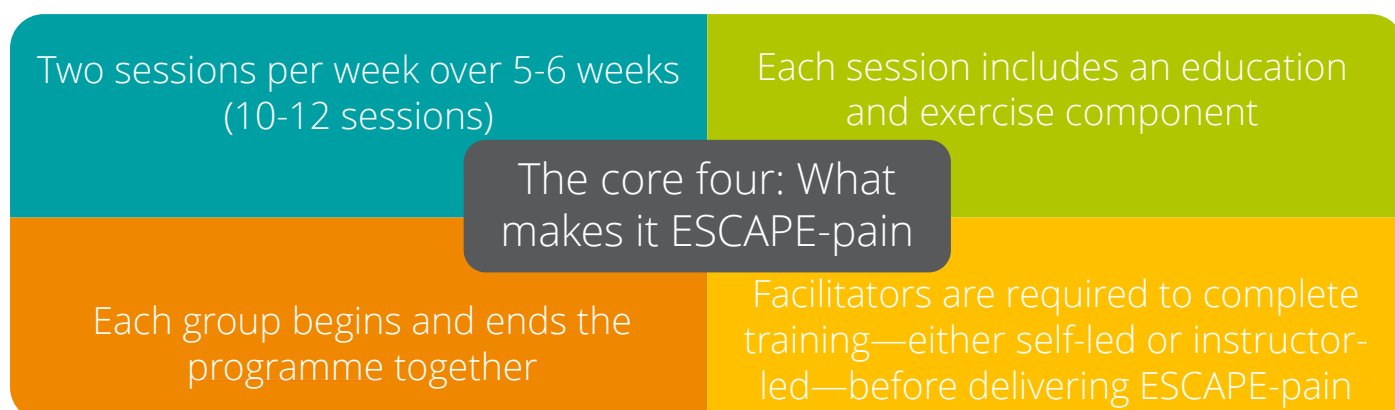
## Twelve sessions sounds like a lot! Do I really need to commission that many?

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, or 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 robust evidence base. Clinical outcome data consistently replicate outcomes seen in the original trial, demonstrating that ESCAPE-pain retains 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 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 the core tenets of the programme (shown below) are met if you wish for the intervention to be recognised as ESCAPE-pain, and to ensure 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, participants 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 have resources 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 2017/8 prices (using PSSRU.ac.uk database), that's £1,525 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 2017/8 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 (2017/8 prices)	
<b>Medication</b> £21.84/person/annum	<b>£21,840 per annum</b>
<b>Community-based care</b> GP consults, district nurse, physio at surgery/home, social care £64.14/person/annum	<b>£64,140 per annum</b>
<b>Total health and social care utilization over 2.5 years</b> Includes medication and community-based care as above, <b>plus</b> secondary care services - inpatient bed days; outpatient attendances, A&E and other consultations £1,525/person/2.5 years	<b>£1,525,000 over 2.5 years</b>

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
<b>...bed days (0.23)</b>	<b>230</b>
<b>...Out-Pt consultations (0.09)</b>	<b>90</b>
<b>...GP consultations (0.11)</b>	<b>110</b>
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
<b>...bed days (0.37)</b>	<b>370</b>
<b>...Out-Pt consultations (0.12)</b>	<b>120</b>
<b>...GP consultations (0.51)</b>	<b>510</b>

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](http://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 Integrated Care Board (ICB)-commissioned activity the most common arrangements are:

1. The ICB 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.
2. The ICB 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 ICB's and Public Health. A number of leisure trusts have run the ESCAPE-pain programme, funded by a grant from Sport England, and a variety of different sustainable models have been implemented by local ICB's, Public Health departments and the leisure sector.

## 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 equipment costs?

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](http://www.escape-pain.org) in the '[Research](#)' 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 for 2018-20.

In November, ESCAPE-pain was mentioned in the Chief Medical Officer's Annual Report for 2023, 'Health in an Ageing Society'; as a tool to be used in maximising independence and minimising the time in ill health for people in England reaching older age.

Follow the links for the full list of [awards, endorsements](#) and [news story](#) mentions.

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

[escape-pain.org](http://escape-pain.org)