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Stories of change

SPREADING ESCAPE-PAIN ACROSS WEST WALES

Scaling an evidence-based, group education, self-management and exercise programme for people aged 45+ with knee and/or hip pain.

What we did

In April 2019 I became a clinical champion and had time away from my day job to promote and embed ESCAPE-pain into health boards across Wales. I worked in collaboration with clinicians and system leaders, as well as the leisure sector, to ensure that ESCAPE-pain is offered as a routine core treatment option in Cardigan, Cardiff and Vale, Aneurin Bevan, Betsi Cadwaladr and Hywel Dda. People with knee or hip pain are offered a six-week, 12-session group education and exercise class with a trained facilitator to help them manage their symptoms.

Our motivation

People with arthritis often receive conflicting messages about how to manage their pain.

Healthcare professionals are under time pressure and do not have anywhere they can send people for structured education, exercise and peer support combined.

The difference we are making

ESCAPE-pain is an evidence-based programme with a return on investment of £5.26 for every £1 spent. Participants report improvements in pain, function, psychological wellbeing, and less reliance on medication. Those results played out in Wales. Group models are so important for people. We saw belief systems entirely changed.

What's next?

We've created an All-Wales ESCAPE-pain Team Network. I am hoping this will be part of the recovery plan from Covid-19 because we are not going to meet waiting-time targets.







I completed change management training that helped me think everything through. I created allies, but it was a slow start. I worked with the leisure sector and negotiated free use of the facilities. Finding the right location for classes and building up referrals from colleagues took time. My passion and drive for helping people living with pain kept me going. It was frustrating, but I got confidence knowing that other people had been here before me scaling ESCAPE-pain, and change had stuck. As long as I implemented the model that carries the evidence base, I knew the impact would be incredible.

I did everything I could, that I didn't need permission to do, before I approached the decision makers. Then, I went into those key meetings like a bull in a china shop. I should have tuned into everything else first, asking how my change was in line with what the senior leaders wanted to focus on at the time. There was initially resistance from the system to change. I used the data and evaluation as well as local need to help me make the case. I've had to be honest that we won't see the financial impact on the wider system for another three or four years. The ability to keep being able to push back and demonstrate the evidence helped. But, it was all set up and ready with patients on a waiting list. That's how we got a 'yes' to one programme. Groups started and patients became our strongest advocates, telling their friends to ask for referrals too. I had a support worker to help things run smoothly. Gradually, more sites started up.

It would be really clever to take patients to those senior leadership meetings. We sometimes are so desperate to make services better for patients, but we forget to bring them with us. Rather than it being difficult, we just don't do it. I think it would be warmly received.

VERSUS ARTHRITIS

"Solutions will bring other challenges, and that's ok. It's a normal part of the change process to have barriers and continuing difficulties."

Top tips

- Work with the willing. Look for allies, and if you don't find them, keep looking, and invite them back later.
- Workforces are dynamic, so make sure that people who are driving the change can make it stick.
- Repeating the same messages multiple times does help people change their thinking over time.

Want to know more?

www.escape-pain.org
hello@escape-pain.org
Ken's story
Celebration video - patient and
partner experiences
The story of scale up report

