

Prehabilitation Services for Cancer Patients

Surrey Heartlands Health and Care Partnership &
Healthwatch Surrey

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1. Introduction

Cancer prehabilitation supports people living with cancer to prepare for treatment by promoting healthy behaviours and prescribing exercise, nutrition and psychological interventions based on a person's needs. Prehabilitation takes place in the period between diagnosis and treatment and typically lasts 4-6 weeks; however long the period between diagnosis and starting treatment is. There is growing evidence to support that prehabilitation is a key service to improve patient experience and outcomes.

At least 14 prehabilitation services have been set up within the UK with good outcomes being demonstrated. The Cancer Centre within Surrey Heartlands, Royal Surrey NHS Foundation Trust introduced a prehabilitation programme with Macmillan funding support 2 years ago. This is currently available for four tumour groups on the surgical pathway: oesophageal, pancreatic, bowel and gynaecology.

The aims of this project were to collect experiences of cancer patients that have completed the Prehabilitation programme at RSFT to discuss their personalised care plan and what it entailed, as well as discuss how they accessed the care services available to them.

This project also aimed to gain an understanding of the impact of the Prehabilitation programme on the patient's mental and physical health and their behaviour after finishing the Prehabilitation programme.

Additionally the project aimed to understand how the Prehabilitation programme prepared the patients for their treatment and if there were any gaps in the service or advice they would offer to other patients.

2. Methodology

The data collection method was semi-structured interviews. This method was chosen as it allows themes to be explored in-depth while also allowing for participants to raise new themes and ideas. Interviews were conducted remotely to comply with government guidelines during Covid-19. Programs such as Zoom, Skype and Microsoft Teams were used in order to conduct these interviews.

Participants were recruited by **the PRIME Prehabilitation team at RSFT** and the interviews were carried out by the Citizen Ambassador for Cancer from Healthwatch Surrey. The Citizen Ambassador was best placed to conduct the interviews as they are independent from the NHS.

Of the six participants interviewed, four had bladder cancer and two had oesophageal cancer. The participants in these interviews accessed the prehabilitation programme at a range of times in their treatment:

Before chemotherapy	6 weeks before operation
During chemotherapy	Between operations
3 weeks before chemotherapy and after chemotherapy, 1 month before operation	After chemotherapy and 6 weeks before operation

3. Findings

3.1 Accessing the prehabilitation programme

In all cases participants felt that the timing of the prehabilitation programme, which varied from between 3 weeks before chemotherapy and 6 weeks before an operation, was just right or perfect for them.

The ease of joining the prehabilitation programme was seen to be varied as some participants felt it to be a straightforward process, while one participant found it to be more of an 'interesting process'. They were called by the physio to invite them to take part in the prehabilitation programme and underwent a benchmarking exercise at RSFT to assess their fitness level. One participant did not remember being specifically told about the prehabilitation programme as a formal choice, but was told that they were fit enough for the operation but was then told they needed to go to the gym to lose a bit of weight and increase their stamina.

3.2 During the prehabilitation programme

The programme, overall, was not found to be challenging but some exercises were more difficult to complete than others, such as using the cross-trainer and cycling. One participant identified the most rewarding aspect of the programme as the anaesthetist talk as it covered everything they needed to know about their treatment and prepared them for what was to come. Some of the participants were also given exercises to be done at home, but the time committed to these varied. Of those given exercises at home, one participant admitted to not doing any of these exercises while another did as much exercise at home as possible due to being an avid cyclist. This shows how there is a disparity in take-up of exercising independently at home, whereas the exercise classes at RSFT ensured exercises were carried out. However, across all interviews the participants reported feeling that the amount of time they were asked to exercise each week was not a challenge and was felt to be completely reasonable.

The programme was felt to be rewarding as it helped improve fitness levels of the participants. The knowledge gained from the anaesthetist talk was also identified as being rewarding as it gave participants knowledge and reassurance before undergoing an operation. Respondents identified themselves as setting targets and goals to try and beat each session, along with praise for the support and encouragement from staff that helped them in the gym.

3.3 After the prehabilitation programme

Participants felt that the programme had a positive impact on their mental and physical health, as well as a positive impact on their medical treatment. The participants that had an operation,

identified that they were fitter by the time of the operation, and half of the participants felt the programme had a positive impact on their recovery and time it took them to be discharged afterwards. There was also a feeling that they were given a lot of useful information that helped them during their medical treatment.

The majority of participants identified themselves as continuing to do exercise to maintain their fitness level or exercising in their own way after the program ended. However, half of the participants also identified their long term behaviour as having not changed since finishing the prehabilitation programme. There was shown to be a desire for participants to have continued access to the gym facilities and physio after their treatment had finished, or alternatively be signposted to gyms or community projects that they could join to help them to continue to exercise.

4. Conclusion and Limitations

This study has shown that the prehabilitation programme has had a positive effect on the participants' mental and physical health, as well, the recovery rate was believed to have increased after having an operation. The programme was well received with the exercise time allocated being viewed as reasonable, but with some participants desiring a greater amount of time in the gym. More time allocated to exercise at the RSFT gym may also help to combat the variety in time dedicated to fitness at home, as it was found that participants may not do these exercises as they feel they do enough exercise through work or hobbies already.

The long lasting impact on the participants behaviour was shown to be varied as half of the participants described the prehabilitation programme as not having changed their behaviour in the long term. This is in contrast to other participants that described themselves as maintaining their fitness level or taking on the information given in talks at RSFT about healthy eating and cooking advice.

The limitations of the research findings from this project are that the self-selective recruitment method did not guarantee representation from all four types of cancer, and certain demographics, such as BAME groups. A greater representation of this perspective would have contributed to more valid and meaningful findings for a broader range of patients undergoing cancer treatment. Additionally, the nature of the recruitment method and data collection method may have disadvantaged those who are unable or uncomfortable accessing digital media, as the interviews were all conducted virtually due to the Covid-19 pandemic. Furthermore, this research operated on a limited sample size, meaning the feedback is not representative of all the opinions of patients who have accessed the prehabilitation programme at RSFT, but the findings are indicative.

5. Recommendations

Based upon this research, the following recommendations can be explored to optimise the prehabilitation care program for cancer patients.

5.1 Increased access to fitness services

A desire for more time in the gym and fitness talks at RSFT was highlighted. Combined with the evidence that independent home exercises were not always acted upon, more access to exercise classes during the programme at RSFT would help to ensure that fitness levels are successfully achieved.



Following completion of the programme, the availability or opportunity to continue at RSFT gym (or a partner gym), even if only for a couple of weeks. This could be delivered by signposting to gyms that patients could join and advice/suggestion on how to continue/sustain fitness level. The Surrey Sports Park is very close to RSFT, a collaboration between them and RSFT could be explored to provide gym access. The proximity of Surrey Sports Park to RSFT will also mean it is familiar to the patient and would not require a large change to their usual methods of travel to access the services at RSFT. Providing the patients with increased access to these services should also result in a more long lasting impact on their behaviour as the exercise regime does not stop as soon as the programme ends.

5.2 Support for people other than the patient

More support for those who support the patient (partner, family etc.) as often forgotten about. Access to fitness programs could be just as useful to them for staying healthy while caring for someone with cancer.

5.3 Prehabilitation being a compulsory part of treatment

The fact the prehabilitation programme was only an option in their treatment was viewed as being a shame as participants felt that it should be compulsory due to the benefits they had experienced from it. Furthermore it was viewed that other patients would be missing out on this service as it was only seen as a voluntary option and not 'sold' as an integral part of the treatment like chemotherapy.