

Reference Number: FOI202122411
From: Other
Date: 21 December 2021
Subject: Current Prehabilitation Services

Q1 Does your organisation offer patients a prehabilitation programme?

A1 Yes

Q2 For how long has your prehabilitation programme been running?

- <1 year
- 1-3 years
- >3 years

A2 1-3 years

Q3 Please provide the name and contact details of your organisation's prehabilitation lead/s (enter more than one name, email address and telephone number if necessary):

Name:
Email address:
Telephone number:

A3 Information not held - we do not have a specific prehabilitation lead

Q4 The prehabilitation programme is being offered to patients undergoing. Please tick all that apply.

- Orthopaedic surgery
- Cardiac surgery
- Thoracic surgery
- Vascular surgery
- Gastro-oesophageal surgery
- Hepatobiliary surgery
- Colorectal surgery
- Urological surgery
- Gynaecological surgery
- Chemotherapy
- Radiotherapy
- Other (*please specify*)

A4 Orthopaedic surgery, Cardiac surgery and Neurology

Q5 For surgical specialties that involve cancer and benign disease, prehabilitation is offered

to. Please tick all that apply.

- Cancer patients only
- Cancer and non-cancer patients
- Not applicable

A5 Not applicable – as per A4

Q6 What does your prehabilitation programme include and where / how is it delivered?
Please tick all that apply.

A6

	In hospital	In community	Refer to GP	Phone or video sessions	Online live group sessions	Resources provided for self-delivery	Other mode of delivery (e.g. via an interactive App)	Not included in programme
Exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incentive spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral nutritional supplements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol cessation advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical optimization of co-morbidity (e.g., diabetes, cardiovascular disease, anaemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education (to improve patient knowledge, self-efficacy and resilience)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other component	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Has the delivery of your prehabilitation programme changed due to the COVID-19 pandemic?

- Yes
- No

If yes, please state how:

A7 No

Q8 Which of the following clinical specialties are involved in delivering your prehabilitation programme? Please tick all that apply.

- Anaesthetists
- Surgeons
- Clinical nurse specialists
- Dietitians
- Physiotherapists
- Exercise instructors
- Occupational therapists
- Rehabilitation/therapy support staff
- Clinical psychologists
- None of the above
- Other (*please specify*)

A8 Physiotherapists

Q9 Which of the following risk factors are patients screened for before starting prehabilitation? Please tick all that apply.

- Physical fitness (e.g., CPET testing / incremental shuttle walk test)
- Nutrition (e.g., weight loss, poor food intake, body mass index)
- Psychological risk factors (e.g., anxiety, depression)
- Co-morbidities
- Smoking/ alcohol intake
- None of the above
- Other (*please specify*)

A9 Information not held – patients are not screened for these risk factors

Q10 At which point in the treatment pathway are patients referred to your prehabilitation programme? *Please tick all that apply.*

- Pre-operative assessment
- Outpatient appointment following the MDT
- Other (*please specify*)

A10 Pre-operative assessment

Q11 Do you collect any of the following as part of a service audit, quality assurance or improvement framework? Please tick all that apply.

- Clinical outcome data (e.g., mortality, complications, length of hospital / intensive care stay, readmission to hospital, etc.)
- Patient-reported outcome data (e.g., patient satisfaction, quality of life, etc.)
- Adherence to the prehabilitation programme
- The service is not currently audited

Other (*please specify*)

A11 Clinical outcome data (e.g., mortality, complications, length of hospital / intensive care stay, readmission to hospital, etc.)

Patient-reported outcome data (e.g., patient satisfaction, quality of life, etc.)

Q12 Do you use any of the following to assess patient adherence / engagement with the prehabilitation programme? Please tick all that apply.

- Patient diaries
- Regular communication via email or telephone, or an app or video consultation
- Patient attends the hospital regularly during the programme
- We do not currently collect patient adherence data
- Other (*please describe*)

A12 Patient attends the hospital regularly during the programme

Q13 Who funds your organisation's prehabilitation service? Please tick all that apply.

- Commissioned service
- Charity (e.g., Macmillan)
- Part of a research study
- The service is not funded as a prehabilitation service
- Other (*please describe*)

A13 The service is not funded as a prehabilitation service