

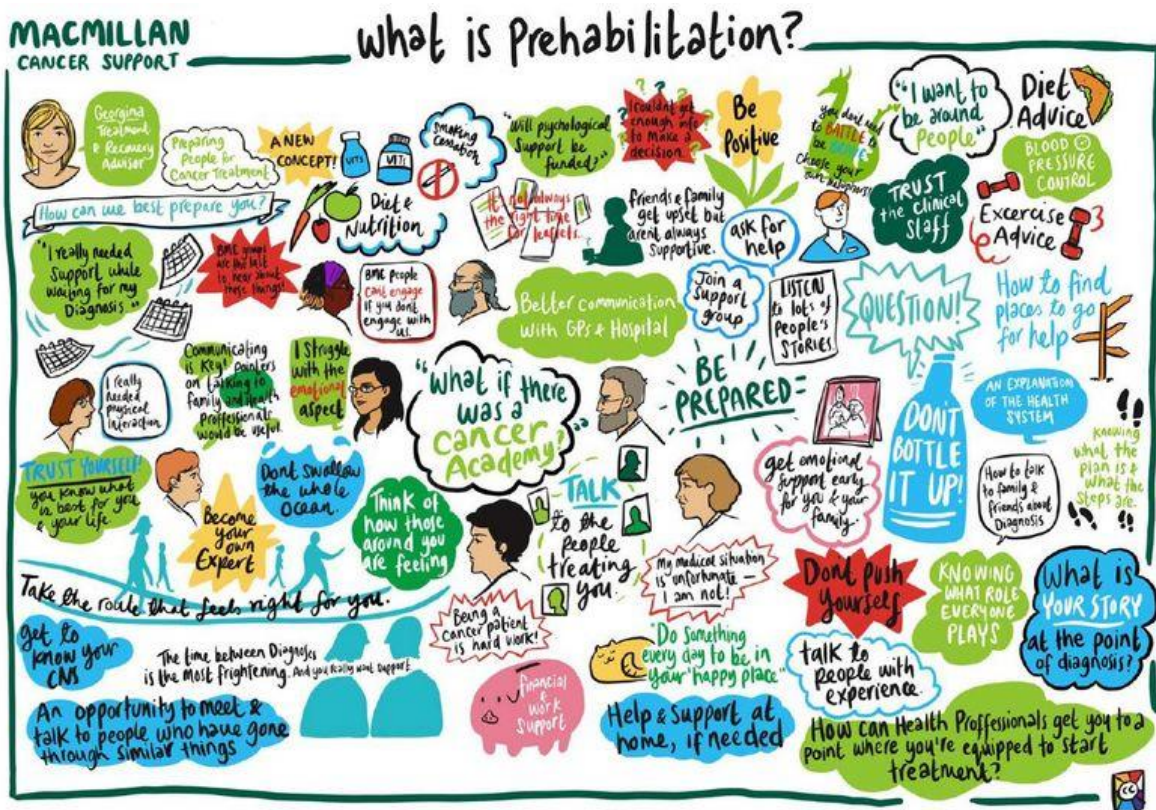
**Macmillan Prehabilitation Project
Annual Report**

Calderdale & Huddersfield NHS Foundation Trust

West Yorkshire & Harrogate Cancer Alliance

Report compiled by: Nicola Hill

Report to cover period from 1st April 2020 to 31st March 2021



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Executive Summary

“Having been diagnosed with Oesophageal cancer in April 2022 it was with massive trepidation that I embarked on my “journey”. The two-week cycles of results, scan, results, scan then finally a treatment plan, does put significant psychological pressure on patients and their immediate family. As does meeting the number of individuals involved in the diagnostic process, albeit with the absolute essential specialist knowledge of each one of these individuals.

It was a tremendous help and comfort to be introduced to the Prehab team who provide an excellent conduit between the wider Upper GI Team of Nurses, Dietician, Oncologist, Surgeon. I believe it also provides indirect support to GP’s, with the accessibility and practical advice it can offer. It has also proven be a catalyst for action and gaining information from other areas of the wider Upper GI Team, like test results and the infamous “Wednesday Meeting MDT” discussion outcomes.

The Care Plan process in many ways was an affirmation of my own thought process, but for many I believe would provide massive support and clarity.

The very fact this exists is of tremendous personal comfort and a real motivational driver, to myself and I am sure many others”. Richard, Upper GI Cancer patient.

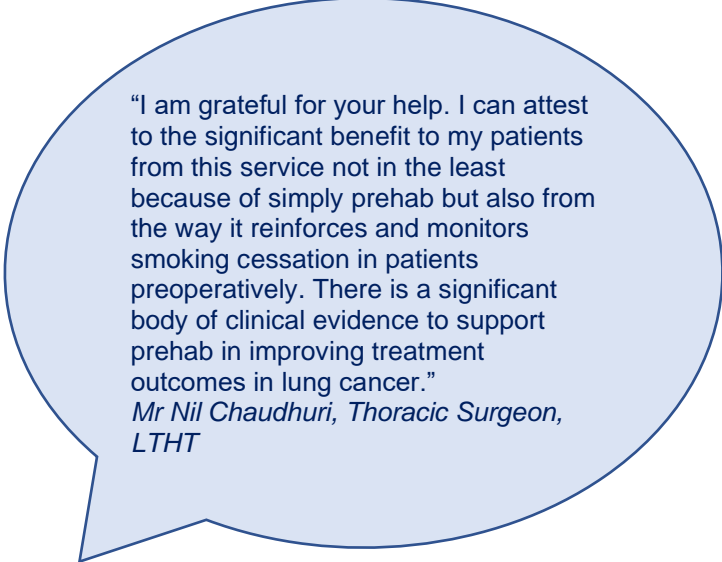
Prehabilitation (Prehab) aims to support patients who are newly diagnosed with cancer, to engage in physical activity, nutritional and psychological support with the aim of improving outcomes.

This report describes the developments, activity, aims and impact of the Prehab Project at Calderdale and Huddersfield NHS Foundation Trust (CHFT), for the period 1st April 2021-31st March 2022. It will also describe further areas of development and recommendations for the provision of the Prehab service over the forthcoming year.

Recovery from the impact of the Coronavirus pandemic continued, embedding Prehab into existing care and re-establishing pathways into acute and community services supporting Prehab interventions. The future of the project was also a focal point with funding from Macmillan ending in March 2022.

A business case for funding of the Prehab Lead and Prehab Assistant was presented to the CHFT CISC and approved for continued funding when the Macmillan funding ends March 2022. This secures the posts to continue to provide Prehab support to patients and develop the Prehab service at CHFT further.

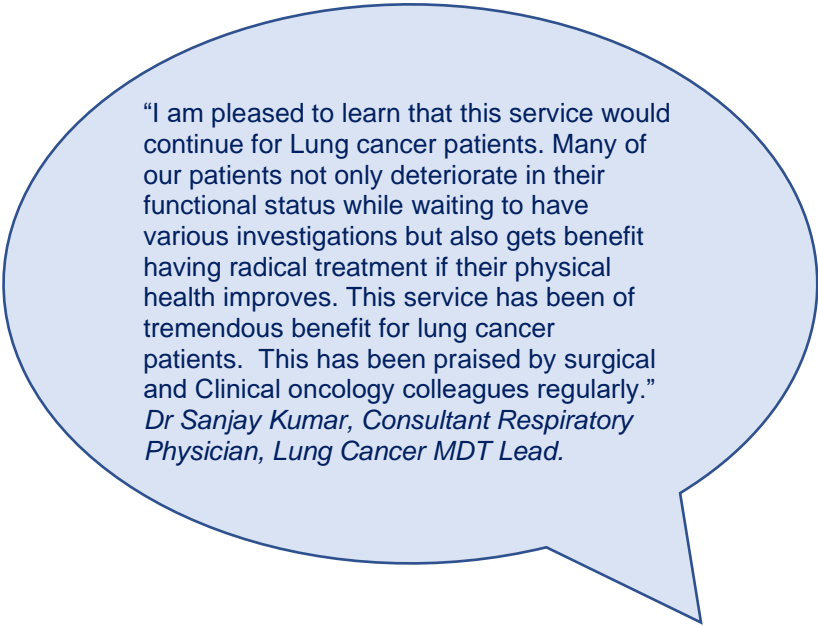
This year has seen Prehab screening become embedded into the role of the cancer care coordinators within cancer teams following the success of the pilot project with the Rapid Diagnostic Service navigators. This has enabled patients’ needs to be identified even earlier than diagnosis to allow more time to optimise their health and wellbeing prior to cancer treatment. In addition, for those individuals not diagnosed with cancer who are screened within



“I am grateful for your help. I can attest to the significant benefit to my patients from this service not in the least because of simply prehab but also from the way it reinforces and monitors smoking cessation in patients preoperatively. There is a significant body of clinical evidence to support prehab in improving treatment outcomes in lung cancer.”

Mr Nil Chaudhuri, Thoracic Surgeon, LTHT

the two-week fast track referral period, it provides the opportunity to signpost them into community services for support in the management of behavioural health changes.



"I am pleased to learn that this service would continue for Lung cancer patients. Many of our patients not only deteriorate in their functional status while waiting to have various investigations but also gets benefit having radical treatment if their physical health improves. This service has been of tremendous benefit for lung cancer patients. This has been praised by surgical and Clinical oncology colleagues regularly."
Dr Sanjay Kumar, Consultant Respiratory Physician, Lung Cancer MDT Lead.

The data demonstrates the increased number of patients supported this year with a 161% rise in patients supported compared to the previous year.

The 'First Steps' on-diagnosis health and wellbeing cancer programme, providing the first line support / whole population approach to Prehab, was reviewed in partnership with the Cancer Patient Focus Group and continues to be provided virtually. With their recommendations, there have been some alterations to the offer to improve inclusion. Delivery of a hybrid face to face and virtual session is also being considered to increase access and raise attendance.

Exploring the needs of our communities has continued, helping develop the support offer to the wider populations, working with ethnic minority community groups across Calderdale and Kirklees. Gaining this understanding of our population is enabling us to develop our support offer, tailoring this to meet the needs of the most vulnerable populations and reduce health inequalities across cancer care.

Continuing to support patients directly has identified gaps in provision of specialist services to support those with more complex need. This has been used to build a case for more specialist support to enable patients to be suitably optimised to improve outcomes.

The success of this Prehab project has been recognised Nationally. The Prehab lead being invited to speak at National conferences about the implementation of Prehab at CHFT and is involved in supporting other individuals and teams regionally and nationally develop Prehab support in their area. The Prehab lead was also part of the team winning a Macmillan Team of the Year Award for the responsiveness in continuing to support patients through virtual platforms due to the Covid pandemic.

Introduction

The role of the Project Manager has involved piloting and testing ideas and models, embedding Prehab and service development with identified cancer patients, undertaking ultimate responsibility and accountability for the project. The extended three-year funded Macmillan Prehab Project commenced in April 2019. The project is led by a Band 7 Project Manager with over 20 years healthcare experience as an Occupational Therapist, seconded from CHFT.

This annual report refers to the third year of the project, April 2021 to March 2022 and highlights progress and achievements and will describe challenges and gaps in delivering Prehab and the impact of these on achieving intended outcomes.

Finally, the report illustrates the broad role the Project Manager has undertaken; developing the Prehab service, directly supporting cancer patients, and involvement in quality and service improvement projects, as well as the national recognition achieved.

The use of both quantitative and qualitative data is included to further demonstrate how different elements of Prehab are being embedded across cancer services and their impact.

Relevant demographic profile of the population served

CHFT serves Calderdale and Greater Huddersfield in West Yorkshire. It has a combined population of 454,842 (209,800 Calderdale and 245,042 Greater Huddersfield).

In Calderdale 17% are aged 65+ and in Greater Huddersfield 17.8%. 27% of Calderdale and 26% of Greater Huddersfield is aged 45-64.

In Calderdale 86.7% are White British and in Greater Huddersfield 80%. The next largest group is Pakistani with 6.8% in Calderdale and 7.4% in Greater Huddersfield. These figures are representative of the ethnic minority population being diagnosed with cancer across CHFT in 2020 as demonstrated below.

Ethnicity	Total	%	Male	Female
Any other Asian background*	3	3%	2	1
Any other white background	9	9%	4	5
Black – Caribbean*	1	1%	1	0
Black and White African*	1	1%	0	1
Black other*	2	2%	1	1
Not stated	6	6%	4	2
Other ethnic group*	1	1%	0	1
Pakistani*	6	6%	2	4
White - British	68	70%	36	32

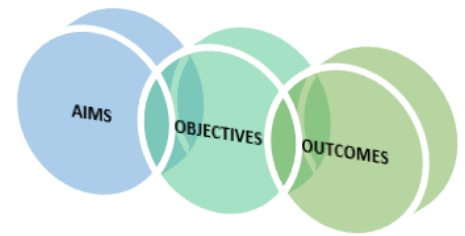
	Total	%	Male	Female
Ethnic Minorities*	14	14%	6%	8%

In terms of deprivation, there is great contrast between some very affluent and very deprived areas. Calderdale has rising deprivation with 13.4% living in the top 10% most deprived areas in the country against Greater Huddersfield where the figure is 8.3%. In Calderdale, those living in the most deprived areas have a shorter life expectancy of 7 years for men and 6 years for women than those in less deprived areas. Greater Huddersfield figures show a reduction of 3.4 years for men and 3 years for women.

The main contributor for women in Calderdale is cancer. Cancer remains the most common cause of death in those aged under 75 years in Kirklees and more men and women died from lung cancer than from any other type of cancer. The death rate for lung cancer in both men and women in Kirklees was also significantly higher than in England.

Cancer diagnosis at CHFT among low socio-economic groups for the year 2020 show that 30% of patients are from the most deprived areas (areas 1-3) broken down by 10% per decile. Patients attending our virtual health and wellbeing offer (First Steps) and Prehabilitation in 2020/21 & 22 demonstrates that very few patients from ethnic minorities and low socio-economic communities access support. This has led to further exploration of the needs of these communities to ensure the support offer meets this. Engagement with the Pakistani communities within Calderdale and Greater Huddersfield has commenced with feedback obtained about their support needs and how best to deliver this. Outreach information and education sessions have begun within the Pakistani community in Greater Huddersfield, and this is being developed in Calderdale working together with the Macmillan/Cancer Alliance Personalised Care Lead.

Sources – calderdale.gov.uk, kirklees.gov.uk



Service aim, objectives and expected outcomes

Aims

- To explore the feasibility of developing and delivering a model of Prehab for patients diagnosed with cancer at CHFT. Utilising or adapting existing services delivered in the Acute Trust and the Local Community to support the psychological wellbeing, nutritional and physical activity needs of newly diagnosed cancer patients.
- To optimise patient's health and wellbeing before, during and after primary cancer treatment.

Objectives

- Provide the flexibility within the prehab model to balance the medical needs and benefits of support / interventions within the individual journey of each patient.
- Provide support to embed Prehab into conversations with patients by all health care professionals, especially cancer nurse specialist teams, to increase sustainability.
- Embed Prehab screening into the cancer pathway at the point of diagnosis within CNS teams.
- Develop the on-diagnosis health and wellbeing offer, increasing access to, and reaching into communities not routinely accessing.
- Support personalised care and support planning using the electronic Holistic Needs Assessment, developing training and education for Cancer Care Coordinator staff to increase knowledge and confidence to have conversations around positive behavior change and interventions to support this.
- Continue to develop the offer of Prehab through a variety of modalities, increasing access to and working with community partners as able, to support this.

Expected outcomes

- Improved knowledge, skill and confidence of patients to support self through engagement in positive behaviour change
- Reduction in dependence on acute services
- Increase of patients getting to and through treatment
- Reduction in length of stay (LOS) for surgical patients
- Increased engagement in other acute and community resources providing Prehab interventions (social prescribing, leisure services, weight management programmes, smoking cessation, OT/Physio/dietician)
- Uptake of prehab offer and adherence to support / care plan
- Improved health related quality of life
- Improved experience and patient satisfaction

Equality and diversity assessment of the service



Following published national guidance for Prehab, recognising patient feedback through evaluation of experience and outcomes, and listening to our Cancer Patient Focus Groups, has supported the development of Prehab and co-design of the health and wellbeing support offer to date. Despite this, data clearly demonstrates that most people accessing support are from white, middle-class backgrounds. Highlighting potential inequalities in awareness of and access to the support available.

The data for this year of the project is the same as the previous year with 98% of patients, supported through Prehab, were White British.

The service has been part of a project in Kirklees to look at what cancer information and support is needed in diverse communities. This has included a survey with over 120 responses from people from Ethnic Minority communities and as a result, plans are in place to organise awareness and education sessions in some communities in the coming months to further promote links with minority ethnic groups. With involvement in project work with the NHSE Cancer Improvement Collaborative exploring health inequalities, further connections were made in Calderdale. The pandemic hampered plans to offer outreach in mosques and other faith buildings to raise awareness of Prehab, however developing this further in 2022 remains a priority.

Service development in collaboration with links from ethnic minority groups, of information and education to newly diagnosed cancer patients from, in the first instance, a Pakistani background is being developed to expand the support offer to wider populations and to understand and meet the needs of ethnic minority groups across Calderdale and Kirklees.

A pilot project was completed exploring the activation levels of newly diagnosed cancer patients with comparison of age, ethnicity, gender, geographic area. The findings from this study have shown that newly diagnosed cancer patients who have the lowest levels of activation reside in the most deprived areas of Calderdale and Greater Huddersfield. Those with lower activation and from lower socio-economic areas are more likely not to engage in care services, lack the understanding and knowledge of their health conditions and the support available and rely on emergency services. Gaining this understanding of our population is enabling us to develop our support offer, tailoring this to meet the needs of the most vulnerable population and reduce health inequalities across cancer care.

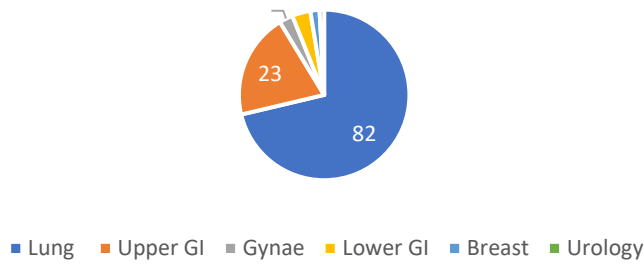
Activity analysis

There was a 161% rise in patients being seen this year with 115 patients being supported by the prehab lead and assistant compared to 11 patients in 2019-20 and 44 in 2020-21. This year also saw an increase in support to patients living with incurable cancer (11%).



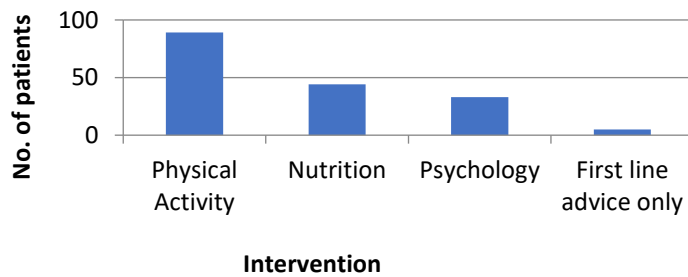
Patient outcomes 2020-2021	Patient outcomes 2021-2022
<ul style="list-style-type: none"> • 64% increase in physical activity levels • 78% reduction in anxiety and depression • 89% engagement in prehab • 84% increase in Quality of Life (QoL) • 25% referred into specialist service • 100% rated Prehab support as excellent 	<ul style="list-style-type: none"> • 82% increase in activity levels • 95% reduction in depression score • 85% reduction in anxiety score • 96% engagement in prehab • 12% required one off support call only • 56% improvement in QoL / 33% no change • 36% referred into specialist services • 67% rated prehab experience as excellent / 25% very good • 75% rated the Prehab support as excellent

Referral to Prehab by tumour site



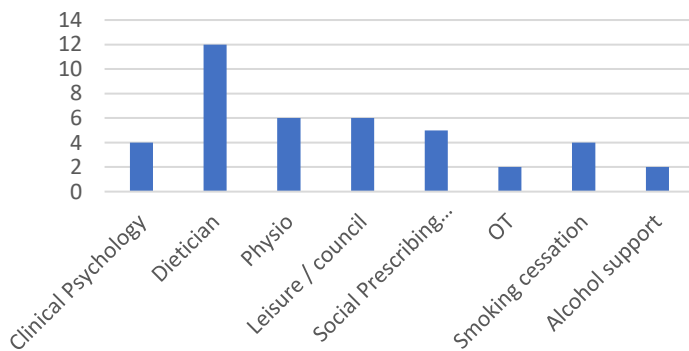
An increase in activity by 161% compared to 2020-2021

Support provided by Prehab team



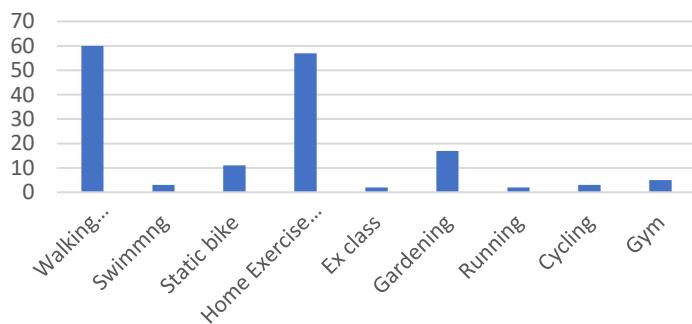
This graph shows Physical Activity as the predominant component for support and intervention, consistent with the previous years.

Specialist input / onward referrals



Details of the other services accessed by patients participating in Prehab – increase in figures compared to previous year.

Physical Activity Interventions



Walking and home exercise programmes remain the intervention of choice similar to last year.

Screening

Embedding Prehab screening using validated tools forms a basis for clinical reasoning and decision making, ensuring patients' needs are accurately identified to tailor the support and interventions required to optimise their health and well-being and formulate an individual personalised care and support plan and this is described in further details in the Achievements section of this report. This has also enabled the service to identify gaps in the provision of some Prehab interventions which impacts on the ability for patients to be optimised prior to treatment and again this is outlined in more details in the gaps section of this report.

Physical Activity

This remains the predominant support factor with 82% of patients increasing their activity levels prior to and following cancer treatment. Contributing to maintained or improved performance status supporting people to get to and through their cancer treatment. This can potentially impact on the offer of immunotherapy treatment early after primary treatment is completed and increases the possibility of patients being offered chemotherapy for advanced stage disease. The increase of physical activity levels demonstrates the patient's ability to engage in positive behaviour through the guidance, motivation and knowledge provided through prehab. This will support patients to get to and through their treatment as well as wider physical and mental health benefits. Although figures are low of those taking up activity and exercise in formal environments such as leisure services and gyms, it is encouraging to see more people engaging in activity through home exercise and walking programmes. It remains questionable as to whether this is adequate for people with more complex health needs who require a supervised exercise programme to ensure the appropriate intensity to have the desired effect and is safe and this will continue to be explored within acute services and partner organisation.

Nutrition

Nutrition and psychological support were both of similar need. Supporting patients maintain or improve nutritional status prior to treatment and during treatment contributing to their ability to withstand the side effects of treatment, improved experience and quality of life. Optimising nutritional intake also supports patients being able to engage in physical activity and the benefits associated with this.

Psychology

Prehab input enables and empowers patients to get to and through treatment reducing the risk of not achieving this due to psychological barriers. Psychological support to patients having Prehab has predominantly been Level 2 support and this has been prior to and during patient's treatment. The Clinical Psychology service receive many referrals for people having completed treatment therefore it is assumed Level 2 support during Prehab will prevent the need for escalation to Level 4 support when a patient comes to the end of treatment as they have been supported throughout. Prehab support has seen an 85% reduction in anxiety and 95% reduction in depression.

Quality of Life

Patients who completed the EQ-5D-5L Quality of Life assessment following their period of Prehab, either prior to treatment or after treatment, 56% reported an improvement with 33% reporting no change. Quality of life is a major concern for cancer patients, with symptoms associated with the cancer and treatment having an impact. Gaining a better understanding of this from the point of diagnosis helps inform and shape the support offer, to ensure interventions are tailored and personalised to meet the needs of patients with the aim of maintaining or improving a person's quality of life throughout treatment and beyond.

Smoking cessation / Alcohol reduction

Smoking cessation and alcohol reduction specialist support is available in both Calderdale and Greater Huddersfield. CHFT staff are continued to be supported to access Very Brief Advice (VBA) training including specific service information by Yorkshire Smoke Free Calderdale (VBA also support conversations around alcohol reduction). They support the specialist nurses with level 2 smoking cessation training where appropriate. This contributes to conversations and specialist referrals helping patients engage in positive behaviour change as early in the pathway as possible.

Feedback and evaluation from patients contribute to the ongoing review and development of the service and the knowledge that patients rate the support so highly is encouraging.

“Very beneficial, good listening ear and friendly”
“Support given was excellent throughout”

“The information was easy for me to understand. It helped me be more accepting and confident in myself and I am more active now and I am coping with what's happening to me. It was the right time for me as covid stopped me going out so was glad of the support. I would have preferred more face-to-face support but was happy with the support given the covid circumstances. I would recommend others use the service and I feel other people would benefit and the phone calls really helped. My confidence has grown now and I am able to cope more. It was beneficial to me as it helped me get back to leading a normal life”

“Prehab for me originally included the exercise video which I tried but did not enjoy. So, physical activity was walking, which over the winter depended on weather. It was very supportive to know you would receive a weekly phone call where you could discuss any problems or concerns. It exceeded expectations and was so reassuring to have someone there who would listen and help as far as possible. On reflection - the prehab started during chemotherapy. Now knowing what support was provided it would have been useful at diagnosis. Knowing the phone call was due encouraged me to try and exercise. I know there were groups available but for those who like me wouldn't have joined in, prehab was an excellent 'go to'. I shall miss the contact going forward though”



Levels of Intervention or dependency

The increased awareness and development of Prehab with the addition of a Prehab Support Worker role has increased the capacity leading to 115 patients being supported this year. Of these 12% had just one initial support consultation and no further intervention was required. For the remaining patients support with Prehab interventions continued and will have included weekly, or pre-arranged frequency of support calls during their pathway. This varies per patient dependent upon need and per tumour site with some having a longer treatment pathway for instance upper gastrointestinal cancer (UGI) patients having Neo-adjuvant chemotherapy, followed by a break before surgery with some patients requiring support through their adjuvant chemotherapy following surgery.



The demand also differs depending upon levels of activation and engagement. For example, low activation patients require more support to improve knowledge, skill and confidence in managing their health and access and engage in positive behaviour change. Patients with higher levels of activation, with support through the First Steps Cancer Programme and Holistic Needs Assessment with signposting to support, often require less input. The use of the Patient Activation Measure supported this however, as this is no longer available the study completed, as described earlier, highlighted patients from lower socio-economic areas are less activated, highlighting that more support be tailored to this group of patients. Utilising primary care services such as Social Prescribing Link Workers and health coaches supports patients to continue to engage in positive behaviour change and accessing interventions within their local area. Establishing close working relationships between secondary and primary care continues to develop and improve personalised care and support planning.

All Prehab patients are offered a weekly review call following the initial assessment. For some patients the support extends beyond the end of treatment to support engagement in rehab and other services available to support them going forward. Patients often report 'feeling abandoned' in general at the end of treatment. The Prehab Lead signposts patients to other resources including those offered as part of the Health and Wellbeing Strategy for ongoing support and interventions.

This is a very valuable service and many of the phone calls came at a time of doubt and uncertainty. Nicky's reassuring voice gave calm and hope not only to me but all the family. It also reassured both myself and my wife that we were doing all the right things for recovery.

"I found the phone calls very helpful and knew that Nicky would be there for me if I needed help in any way, which was so reassuring. I think the service is just what people need to prepare them for cancer treatment. No complaints at all!"

Achievements

Substantive Funding

As the project funding from Macmillan ended in March 2022 a business case was submitted to the CHFT business case committee and funding approved for the band 7 Prehab lead and band 4 Prehab assistant. Supporting the contribution of care to cancer patients and development of Prehab within CHFT and partner organisations.

Embedding Prehab and screening into the CNS teams

The benefit of Prehab has been embraced by the CNS teams and Prehab screening, to identify those requiring support is being completed by the cancer care coordinators within Lung, Gynae, Urology, and Non-site-specific teams following the success of a pilot project with the Rapid Diagnostic Service navigators.

Embedding screening enables patients' needs to be identified as early as possible in the pathway

to optimise their health and wellbeing prior to cancer treatment. For those not diagnosed with cancer when screened during the two-week wait fast track referral period, being signposted

into community wellness services for support and management of health behaviour change supports the wider population health management. Early identification largely impacts on the care and support being delivered to patients and facilitates personalised care and support planning.

"I came into this post in April 2021 with limited knowledge of services available to support cancer patients. Thankfully, I attend monthly co-ordinator meetings with the Macmillan information team and Nicky Hill is often a guest speaker so she can inform us about what's available and how to refer or signpost to services and events. This has been invaluable for my growing confidence in my new role as I have learned so much about the services available and how best to deliver this support directly to my patients. Nicky has very kindly made herself available to me when needed. She has spent time with me to help me learn how to set up and fill in the e-HNA and navigate the site. The impact of this is I have been able to support my patients with their holistic needs and signpost them to support I previously wasn't aware of and give them tailored information to help resolve their concerns and worries, meaning the patients have a positive experience of the care offered to them and makes them feel like they matter. It contributes to improving their overall quality of life throughout their illness and beyond. This type of support for my patients means interaction with the clinical team is focused on clinical issues thus saving time for them. Nicky is very approachable and has a vast amount of knowledge. This is very reassuring for me and I'm sure many others."

Roz Allen, Breast cancer care coordinator



Prehab and the Macmillan Holistic Needs Assessment

Support has been given to CNS team staff to incorporate Universal Prehab into conversations when completing the electronic Macmillan Holistic Needs Assessment (HNA). The role of the cancer care coordinator in delivering the HNA has developed with support provided to increase their knowledge and confidence supporting patients in this way.

This enables staff to screen and signpost to interventions to promote healthy behaviours from the point of diagnosis with ongoing monitoring and continued support from the CNS teams throughout the cancer pathway. It also ensures more patients are provided with the key messages to help optimise their function prior to treatment. This, along with the Prehab Webpage and App development, and continuation of the First Steps Cancer Programme are available for all patients to access.

Patients have continued to be supported by the Prehab Lead and assistant to explore pathways into a wider range of interventions with positive outcomes identified. Supporting patients directly has identified gaps in service especially for those with complex needs who require more targeted and specialist support. This has been evident for patients requiring specialist nutritional and physical activity support and will be described further in this report.

“Since the programme arrived at CHFT, it has been a great benefit to our UGI and HPB cancer patients. As you can imagine the treatment pathways are long and intense, not to mention the operation itself. It has been very useful to be able to get patients involved in the prehab pathway as not only does it ensure they are at their optimum, but also takes their mind off the diagnosis and focus on the fitness etc.

Working with Nicky has been beneficial in several ways not only with patient, but Nicky has also identified issues with patients and referred and flagged these up to us. She has also helped a little with our own case load as she has been following up patients as well. Prehab is a valuable service for patient’s physical and mental wellbeing, and I fully support this continuing in the future.”

Rebecca Macmillan, UGI & HPB Clinical Nurse specialist

“I just wanted to e-mail you about one of our patients on neo-adjuvant chemotherapy for oesophageal cancer. He had a really difficult time during his chemotherapy, and I was a bit worried about whether he'd be able to get through it all but having you and the prehab programme involved was SO USEFUL. Even when he was feeling very tired he was able to tell me about his steps on the pedometer so I could get a really good idea about how he was being affected by his chemo. I know that he will have benefitted in terms of fitness for surgery, but this also meant I was able to get him through his chemo. Without this I think I might have had to stop it early as I was so worried about him but having an objective measure of activity made all the difference. So I just wanted to let you know how grateful I am and very pleased you were involved!” Dr Sam Turnbull, Medical Oncologist

The success of the Prehab project has been recognised nationally with the Prehab lead invited to speak at the Macmillan Professionals conference about the prehab support to lung cancer patients and a breast cancer nurse conference in Gateshead about the development of Prehab in an acute setting. The Prehab lead was also part of the team winning a ‘Macmillan Team of the Year Award’ for the responsiveness in continuing to support patients through virtual platforms due to the Covid pandemic. The Prehab Lead is also involved in supporting other individuals and teams regionally and nationally develop Prehab support in their area.

Being part of the wider cancer management team has provided the Prehab Lead with opportunities to participate in other activities that contribute to the development of prehab and support to people beyond this. Examples are:

- Patient activation and quality of life audit of newly diagnosed cancer patients
- Personalised care through better conversations and support planning, based upon the HNA, staff training project and website development
- NHSE/I Cancer Experience of Care Improvement Collaborative project
- Member of the Active Calderdale Health & Social Care Network
- Published article in OT News regarding virtual First Steps Cancer Programme response to covid
- Published personalised care article for WY&H partnership
- Enhanced Recovery After Surgery - reinstating support for colorectal patients
- Development of Allied health professional (AHP) cancer workforce, local & regional project work
- Member of regional and national Prehab forums sharing best practice and experience. Continue to support the development of other projects regionally and nationally – Doncaster, Chesterfield, County Durham & Darlington, Hywel Dda UHB.

It has been a pleasure to work alongside Nicky Hill, Prehab lead for this last year and her service has continued to make a significant impact on patients - supporting both their outcomes and experience. Nicky brings real passion for Prehab, as well as a gentle compassion for the patients she is supporting. She motivates not only the staff who make referrals to her, but the patients whose lives she impacts following their diagnosis - encouraging even the most unlikely candidates to put on their trainers and go for a walk or get on an exercise bike! Nicky is detailed and thorough, which means she can produce comprehensive Prehab plans so that patients know exactly what they need to be doing and how often, as well as staff being fully informed. The Prehab service has made a significant impact on patient's fitness and mental wellbeing, thus meaning they are better prepared for surgery or treatment and make a swifter recovery afterwards. Nicky also readily signposts to our Macmillan Information Service, joining up our holistic support with hers, including seeing patients together, for the overall benefit of the patient and often a family member too. We have also collaborated on various health and wellbeing events where Nicky has competently led sessions on fatigue/sleep/diet etc. at First Steps, Thinking Ahead and end of treatment Health and Wellbeing Events. The offer of Prehab makes a significant difference to patients and improves their outcomes, so I am pleased this service can continue to be funded in the future, to provide ongoing high-quality care

Helen Jones, Macmillan Cancer Information and Support Service Manager.

Gaps

Nutritional support

Data highlighted that the most predominant onward referrals for specialist support was to dietetics, in the absence of direct support available to cancer patients except for Head and Neck and UGI. It has been acknowledged that the response times of community dietetic support (CHFT 22 week wait, Locala 3 week wait) isn't conducive to optimising patients' nutritional status from the point of diagnosis, with patients often having neo-adjuvant treatment and surgery before the community team have been able to respond to a referral, despite screening placing them already malnourished at the point of diagnosis. An audit was completed using the Royal Marsden Nutritional Screening Tool of lung and colorectal cancer patients at the point of diagnosis. The data showed 64% of lung and 32% of colorectal patients scored 10 or above signifying they are at risk of, or already are, severely malnourished with a need for specialist dietetic support. The Prehab Lead, with support from the specialist dietician within the head and neck team, has been supporting these patients prior to and during treatment until dietetic teams can respond however this is not equitable or sustainable. The absence of specialist dietetic input has been seen to impact on the risk of people not getting to or through their treatment, increases patient's anxiety levels and distress, reduces ability to engage in physical activity, increases the chance of requiring enteral feeding at some point in the pathway, impacts tolerance to and recovery from treatment and overall quality of life.



Physical Activity and Workforce

Prehab guidance suggests that assessment and prescription (of targeted and specialist interventions) should be undertaken by a registered health care professional and that targeted interventions should be delivered by registered health care professionals (physiotherapists / exercise physiologists) or unregistered professionals (cancer trained fitness instructor) under delegated authority. Specialist interventions should be delivered by registered professionals. At CHFT there are currently no registered professionals supporting targeted or specialist Prehab physical activity interventions aside from the Prehab Lead (Occupational Therapist). Local council leisure services no longer provide exercise classes / interventions to patients within Calderdale and have wellness health coaches to assist a patient explore physical activity interventions in their local area which are delivered by unregistered, non-cancer trained staff. Kirklees have a similar offer and do have an Exercise Referral Scheme offered by Kirklees Active Leisure however, there are no (Level 4) fitness instructors cancer trained to deliver tailored, targeted exercise programmes. There is also a charge for this service leading to inequalities in access.

Many regional and national Prehab initiatives, as suggested in the Prehab guidance, (Principles and guidance for Prehabilitation within the management and support of people with cancer. Macmillan cancer Support. November 2020) include a workforce to deliver exercise programmes for cancer patients within secondary care supported by an AHP workforce with positive outcomes seen in one year survival, return to baseline or improved functional ability, reduced length of stay, reduced frailty scores, reduced secondary health care usage and improved quality of life. Calderdale Public Health team recently changed their exercise service offer to focus on population level primary prevention rather than treatment / care of individuals

with a diagnosed condition. It was felt at the time that things such as the specialised physical activity interventions for specific conditions should be funded by NHS budgets, although it might have been delivered in community settings. In doing so this has created gaps in the system with nobody providing this support despite frequent communication that this is needed and wanted.

Peer support has been described by patients to provide motivation, reassurance and adherence to physical activity through the social connections made as well as providing a forum for patients with shared experience of living with cancer. Virtual support and exercise prescription is completed with caution for people with complex need with face-to-face support preferred to ensure exercise safe and appropriate.

CHFT and Locala (Kirklees) provide specialist Pulmonary and Cardiac Rehab programmes delivered by registered professionals. However, cancer / receiving cancer treatment excludes patients from these groups and as suggested in their titles are for people with chronic lung conditions or cardiac event. These programmes are strongly evidence based and produce successful outcomes. Prior to the Covid-19 pandemic the CHFT Pulmonary Rehab Group supported the trial of lung cancer patients attending to identify if a programme of this nature would improve patient outcomes following thoracic surgery. Due to the pandemic the trial was no longer feasible, and recovery has not yet enabled a restart of face-to-face group exercise sessions.

There is limited support for lung cancer patients experiencing respiratory difficulties. Teams are not set up to support people with a lung cancer diagnosis therefore further discussions need to take place to explore how support can be accessed going forward.

Plans

- Continue the work embedding Prehab support into clinical nurse specialist teams and the wider cancer support offer
- To explore funding opportunities to support a business case for the development of Specialist Dietician support within cancer services
- To explore areas within the cancer workforce to develop the wider role and opportunities for AHP's
- Establish and develop the Enhanced Recovery After Surgery pathway and support for the benefit of cancer patients and non-cancer surgical patients
- Work with the Urology oncology services to develop a patient education programme
- Explore and develop a multi-modal Prehab offer within secondary care, hospital or community based, with focus on targeted and specialist exercise and workforce.
- Collaborate with the Macmillan Community Personalised Care Leads, Public Health and ethnic minority representation in reducing health inequalities and improving access and engagement with Prehab and wider cancer support.



Over the past year there has been a balance between developing Prehab and delivering Prehab with two members of staff and the sustainability of this going forward. Focus will remain on continuing to embed Prehab into existing services whilst simultaneously exploring gaps and different models of Prehab to support the more specialist needs of patients.