



NHS in Greater Manchester



Patient and clinician experiences of the Prehab4Cancer and Recovery Programme: A multi-modal prehabilitation and rehabilitation service for people undergoing cancer surgery.

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Background:

Prehabilitation aims to support physical fitness, nutritional status and psychological wellbeing before and during cancer treatment. The Greater Manchester Cancer Prehab4Cancer and Recovery (P4C) Programme is:

- •For people undergoing colorectal, lung and oesophago-gastric cancer surgery.
- •Locally delivered, supported physical activity, before and after surgery, including gym membership and an individualised exercise prescription (1). Prehabilitation programmes need to be acceptable so that patients are willing and able to take part in them, and feasible and acceptable for clinicians to refer patients. Individuals living in areas of low socioeconomic status (SES) are more likely to be inactive than those in high SES areas (2), and factors impacting engagement in exercise programmes may differ with SES. To minimise health inequalities research participation across SES groups is needed.

Aim:

To understand the views and acceptability of people referred to, clinicians and involved in referring to, the P4C programme.



Greater Manchester CCG areas and referring hospitals

Methods:

Data Collection:

Patients: Semi-structured interviews; phone/video call Clinicians: Online survey – categorical & free-response options.

Analysis:

Inductive, thematic analysis integrating data from both groups, structured using the Framework approach (3).



Patient Participants:

16 'engagers' with P4C & 2 'non-engagers'

and the team do a fantastic job ' Clinician 22

9 men, 9 women

Index of Multiple Deprivation: Deciles 1-3 (Most deprived): n=9, 4-5: n=5, 8-10: n=4

Median age 68.5 years. Range: 40s to 80s

Clinician Participants: Nurses (n=11), doctors (n=7), others/not stated (n=6)

Results:



'I believe the prehab scheme has been extremely beneficial for our patients Increased personal support highly valued **Physical &** psychological benefits **Improved** fitness 'by the time surgery arrived I was, yeah I was fitter than I've been for years actually. [...] I was in me peak, it was as if you were training

for the Olympics, [...] all ready for it'

Patient J, engager.

How do patients undergoing surgery for cancer perceive a prehabilitation programme? How do referring healthcare professionals perceive the P4C programme?

'I thought it was excellent, I really did. It was well worth doing.' Patient M, engager 'I actually thought it was a great idea. And a real boon to Value get your fitness level up before an operation. Because it well it increases your survival rate and it improves your recovery time afterwards.' Patient O, engager Highly valued by patients & 'But for me it wasn't – it just didn't – **Optimising** couldn't fit in with everything I had clinicians recovery a to do in the time that I had to do it' motivator Patient G, non-engager. Other commitments Access to Resources transport to 'I'm back working now. [...] But attend the programmes are there, they've got YouTube videos, [...] I 'In our deprived population, there are many who can do those exercises at home' rely on public transport and struggle to finance it Patient H, engager. ' Clinician 16.

Conclusions & Implications:

The P4C Programme was generally well received. Patient participants who engaged with the programme seemed to find it accessible and acceptable. However, potential barriers to engagement were identified. Even with a service specification of local, community-based, delivery, transport issues may affect participation. Including virtual approaches in delivering prehabilitation may support wider engagement. This study was successful in recruiting patient participants from localities with varied SES, but the number of 'non-engager' participants was low, limiting understanding of reasons for non-participation. Recruitment approaches were limited by Covid-19 restrictions across participant groups. Alternative strategies are required to improve recruitment of 'non-engager' patient participants.

References & Funding

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