

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, and clinicians involved in referring to, the P4C programme.



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'

9 men, 9 women

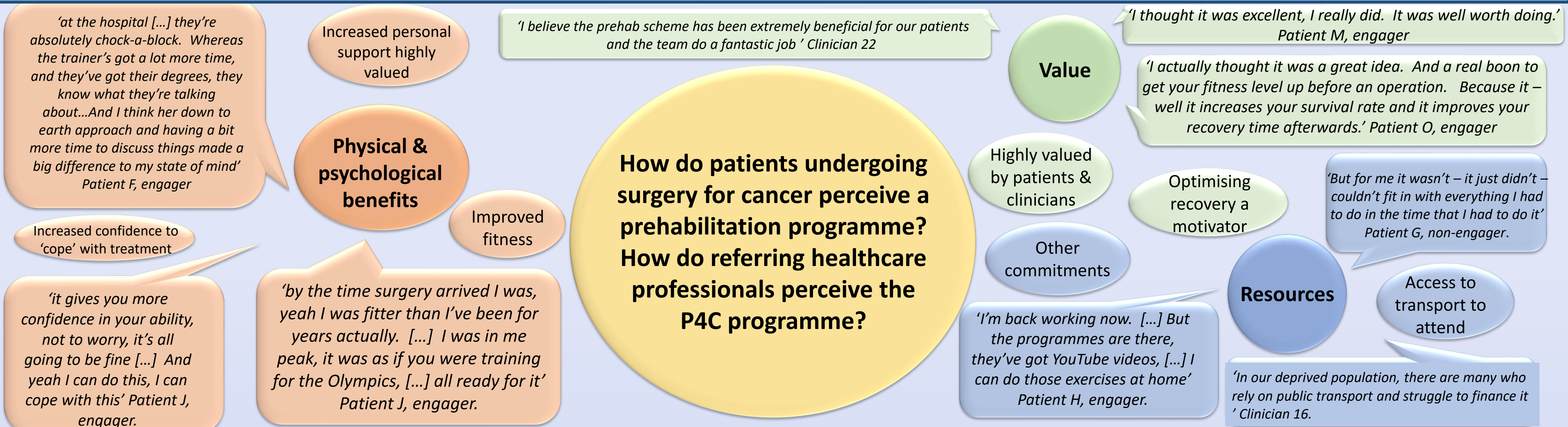
Index of Multiple Deprivation: Deciles 1-3 (Most deprived): n=9, 4-5: n=5, 8-10: n=4

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

Clinician Participants:

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

Results:



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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 (2) Public Health England (2014). *Everybody Active, Every Day: An evidence-based approach to physical activity*. London, UK
 (3) Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. G. Burgess (Eds.), *Analysing Qualitative Data* (pp. 173-194). Routledge.

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