

Reference:	FOI.7789.21
Subject:	Prehabilitation
Date of Request:	21 December 2021

Requested:

We would like to request information from your organisation under the Freedom of Information (FOI) Act about current prehabilitation services run by NHS Trusts across the UK:

1. Does your organisation offer patients a prehabilitation programme?

- ☐ Yes (go to question 2)
☐ No

Are you planning to set up a prehabilitation programme in the next 12 months in your organisation?

- ☐ Yes (*no further questions to complete*)
☐ No (*no further questions to complete*)
☐ Comments:

2. For how long has your prehabilitation programme been running?

- ☐ <1 year
☐ 1-3 years
☐ <3years

3. 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:

4. 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*):

5. 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
Comments:

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

	In hospital	In community	Refer to GP	Phone or video sessions
Exercise	<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"/>
Incentive spirometry	<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"/>
Oral nutritional supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<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"/>
Psychological support	<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"/>
Education (to improve patient knowledge, self-efficacy and resilience)	<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"/>

	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 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"/>
Incentive spirometry	<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"/>
Oral nutritional supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<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"/>
Psychological support	<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"/>
Education (to improve patient knowledge, self-efficacy and resilience)	<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"/>

If Other component or Other mode of delivery please specify:

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

- ☐ Yes
☐ No

If yes, please state how:

8. 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*)

9. 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*):

10. 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*):

11. 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*):

12. 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*):

13. 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*):

Thank you for completing this survey. Please leave any other comments below:

We would prefer to receive the information via the following online survey:

<https://www.surveymonkey.co.uk/r/FKF6RS7>

We have also attached the survey as a fillable word document should you prefer to use this format, in which case please forward the completed word document to this e-mail address:

bristol-prehab-research@bristol.ac.uk

Response:

Hywel Dda University Health Board (UHB) has completed the word survey as requested and this is attached.