

Ref. No: 442211221
From: Research
Date: 21/12/21
Subject: Prehabilitation research

REQUEST

Name of your NHS Trust / Local Health Board / Health and Social Care Trust:

St Helens and Knowsley Teaching Hospitals NHS Trust

1. Does your organisation offer patients a prehabilitation programme?

No

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

Yes (*no further questions to complete*)

Comments: Business case underway for funding for staff

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

<1 year

1-3 years

>3 years

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	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"/>	<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 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 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"/>

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*) _____ -
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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*)
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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*)
-

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

RESPONSE