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

\_\_\_\_\_The Rotherham NHS Foundation Trust\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organisation offer patients a prehabilitation programme?

[x]  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  <1 year
[ ]  1-3 years
[x]  >3 years

1. 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):

Previous:

Name: ­­­­­­­­­­\_\_\_\_Diane Simpson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: diane.simpson8@nhs.net\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: 01709 820000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned:

Name: ­­­­­­­­­­\_\_\_\_\_Diane Simpson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_diane.simpson8@nhs.net\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_01709 820000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

[x]  Colorectal surgery

[ ]  Urological surgery

[ ]  Gynaecological surgery

[ ]  Chemotherapy

[x]  Radiotherapy

[ ]  Other (*please specify*)­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For surgical specialties that involve **cancer** and **benign disease**, prehabilitation is offered to:

*Please tick all that apply.*

[x]  Cancer patients only

[ ]  Cancer and non-cancer patients

[ ]  Not applicable

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Respiratory exercises  | [ ]  | [x]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Incentive spirometry | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Nutrition advice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Oral nutritional supplements |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Smoking cessation advice |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Alcohol cessation advice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Psychological support | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical optimization of co-morbidity (e.g., diabetes, cardiovascular disease, anaemia) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Education (to improve patient knowledge, self-efficacy and resilience) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other component  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

If Other component or Other mode of delivery please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[x]  Yes

[ ]  No

*If yes, please state how*: \_\_\_it was paused during the early stages of the pandemic and has since re-started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following clinical specialties are involved in delivering your prehabilitation programme?
*Please tick all that apply.*

[ ]  Anaesthetists

[ ]  Surgeons

[ ]  Clinical nurse specialists

[ ]  Dietitians

[x]  Physiotherapists

[ ]  Exercise instructors

[ ]  Occupational therapists

[x]  Rehabilitation/therapy support staff

[ ]  Clinical psychologists

[ ]  None of the above
[ ]  Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following risk factors are patients screened for before starting prehabilitation?

*Please tick all that apply.*

[x]  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*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At which point in the treatment pathway are patients referred to your prehabilitation programme?

*Please tick all that apply.*

[x]  Pre-operative assessment

[ ]  Outpatient appointment following the MDT

[ ]  Other (*please specify*) ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_­­­­­­­­­\_\_­­­­­­­\_\_\_\_

1. 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
[x]  The service is not currently audited
[ ]  Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

[x]  We do not currently collect patient adherence data

[ ]  Other (*please describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who funds your organisation’s prehabilitation service?

*Please tick all that apply.*

[ ]  Commissioned service

[ ]  Charity (e.g., Macmillan)

[ ]  Part of a research study

[x]  The service is not funded as a prehabilitation service

[ ]  Other (*please describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our prehabilitation service was established a number of years ago on an unfunded basis by the physiotherapy respiratory rehab team and has recently had to be reviewed due to high demand for respiratory rehabilitation.

We are currently working on re-locating the groups and re-starting following a 3 month pause. Hence a change of lead from Melissa to Rachel

\*\*\*\*\*\*\*\*\*\*\*\*\*\* **Thank you for taking the time to complete this request** \*\*\*\*\*\*\*\*\*\*\*\*\*\*