

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

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KENT AND MEDWAY PREHABILITATION PROGRAMME

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Summary

The following paper details the progress to date of the innovative Kent and Medway Prehabilitation service that is available for residents with a new cancer diagnosis. The service supports individuals improve their health and wellbeing in advance of starting their cancer treatment, which results in positive short and long term outcomes for the patient and savings to the system.

The board are asked to formally endorse the Kent and Medway Prehabilitation Service.

1. Budget and Policy Framework

- 1.1 The prehabilitation programme supports the Kent and Medway Joint Health and Wellbeing Strategy priority of *“quality of life for people with long term conditions is enhanced and they have access to good quality care and support”*.
- 1.2 The programme also supports the Kent and Medway Sustainability and Transformation Partnership priorities of *“investing in population health, ensuring prevention is part of every single health and care pathway”* and *“taking positive action on underlying issues, such as smoking, obesity and alcohol consumption, reducing deaths and disability caused by cardiovascular disease, stroke, diabetes, respiratory disease and some cancers such as lung and colon”*.

2. Background

- 2.1 The focus on early cancer diagnosis, increasing prevalence and genetic profiling provides a greater focus for prehabilitation in cancer care. Prehabilitation closely aligns with many elements of the NHS England Long-

Term Plan (LTP) including personalised care, screening and early diagnosis, tackling health inequalities and maximising value.

- 2.2 Prehab interventions which empower patients to take control of their care are very much aligned with the personalised care agenda. Kent and Medway Prehab team have adopted the national priorities for increased service delivery in the community, upstream prevention of avoidable illness and its exacerbations (e.g. alcohol reduction, reducing obesity and smoking cessation) and better support for patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions. With over 70% of patients affected by cancer having other long term health conditions (LTC) prehab encourages service users to adopt longer term healthy lifestyle behaviours which can impact on long term health.
- 2.3 The need for prehabilitation, as part of the rehabilitation pathway, starts at the point of diagnosis (and in some cases before a confirmed diagnosis) helping patients prepare for treatment and discharge home. It can help patients get well and stay well and addresses the practical problems caused by the disease and treatment, helping patients become as independent as possible and minimising the impact on carers and support services.
- 2.4 Prehabilitation interventions, used with population health data can help to tackle health inequalities by offering targeted support for patients' physical and mental health needs. Prehab adds value through reducing short-term harm and resource as well as potentially improving long term behaviour and health. This maps onto the Getting it Right First Time (GIRFT) initiative across surgery and perioperative care.
- 2.5 Smoking, alcohol consumption, and obesity increase the risk of the development of cancer and other long-term conditions and are closely related to the social determinants of health which in turn are in part geographically determined. Kent and Medway have wards with some of the highest levels of smoking and obesity across the South East. Barriers to high quality, personalised care for socioeconomically deprived people include poorer conversations with health and care professionals, less involvement in decisions about care and treatment and less support after treatment from community and social providers. The Prehab team can further embed personalised care at the point of diagnosis, enhance engagement through the cancer pathway as well as links to community support post treatment.
- 2.6 If prehabilitation was a desirable step in patients' cancer journey prior to the Covid-19 pandemic, it is indispensable in the post pandemic world. Crucial to understanding why prehabilitation may be valuable during the recovery from a pandemic is to recognise that the strategies that help slow the spread of disease and perhaps reduce its overall incidence—such as social distancing and sheltering in place—could have the unintentional effect of decreasing physical activity and contributing to cardiopulmonary deconditioning. The emotional turmoil from social isolation and delays in treatment have negative consequences far beyond the immediate period. In particular, the elderly, who are most vulnerable to pulmonary complications from coronavirus, may show a decrease in their baseline cardiac and pulmonary fitness that could increase morbidity and mortality.

3. History of Kent and Medway Prehabilitation service

- 3.1 Following a successful pilot period within Medway Foundation Trust, the Kent and Medway Prehabilitation service moved to a community based service in January 2020 hosted and delivered by the Medway Public Health team, in collaboration with Phase B C.I.C. This community based service was funded by Kent and Medway Cancer Alliance for an initial two year period, which ends on 31st December 2021. The service is far exceeding its annual target of supporting 100 pre cancer treatment patients.
- 3.2 The service is provided by a highly experienced and knowledgeable team. The team have established and experienced service personnel with a track record of delivering high quality, award winning services. The service has been cited in a number of publications. The team has also established a trusted relationship with secondary and primary care colleagues throughout Kent and Medway. In addition, the service has an active patient participation steering committee, ensuring that the service continues to be influenced by the views and experience of patients.
- 3.3 The multi-disciplinary team is clinically lead and due to social distancing has been delivered virtually, with a restoration of face to face services likely to resume at some stage in 2021, with the service maintaining a strong virtual support offer as it is well received by patients. Newly diagnosed cancer clients who are referred by a range of clinicians and self-referrals are supported and supervised to become fitter, physically and emotionally in the weeks before their treatment, also receiving nutritional, emotional and other healthy lifestyle specialist advice. This significantly improves treatment outcomes for patients, and leads to reductions in hospital length of stay, excess bed days and emergency re-admissions. Crucially, the programme seeks to embed positive lifestyle changes, meaning that the benefits to patients' health and wellbeing are seen beyond the period of cancer treatment in terms of techniques for a healthier lifestyle.
- 3.4 Key Benefits of Prehabilitation
- Prehabilitation supports people awaiting cancer treatment to prepare for treatment.
 - It promotes healthy behaviours, prescribes and supervises exercise, nutrition and psychological interventions based on a person's needs, to help them find their best way through.
 - It has a strong evidence base in its effectiveness and helps to tackle health inequalities. Cancer Prehabilitation is aligned with the personalized care agenda in the NHS Long Term Plan and NICE guidance <https://www.bmj.com/content/bmj/369/bmj.m1386.full.pdf>
 - A Danish study has shown a £430 per patient saving on a prehabilitation integrated programme compared to the standard care programme with the reductions showing in length of stay, postoperative Primary Care and Emergency contacts (Faithfull S, Turner L, Poole K, et al. (2019).
 - Prehab offers opportunities to reduce patient length of stay, reduce complications, manage risk factors such as anaemia and malnutrition, and allow more aggressive surgical interventions thereby reducing need to return to surgery.
 - Prehabilitation encourages service users to adopt longer term healthy lifestyle behaviours, helping to address the population health problems of obesity,

physical inactivity and smoking, which are the largest preventable causes of cancer. The adoption of lifestyle modification by the services' users offers the benefit of secondary prevention of cancer. (The service has an acceptance and adherence rate of 84%).

- The service also supports mental wellbeing often providing the only regular social contact for patients, particularly during the pandemic restrictions. In July 2020 Public Health England estimated that having a BMI of 35 to 40 could increase a person's chances of dying from covid-19 by 40%, while a BMI greater than 40 could increase the risk by 90%.

3.5 Kent and Medway Prehabilitation has delivered on its feasibility and adoption targets and responded to the challenge of restricted face to face delivery of interventions by becoming one of the first services globally to transit seamlessly to a digital platform. Innovative as always, the service now offers a complete Prehab to Rehab package for patients tailored to their baseline capacity and tumour group.

4. Service delivery and outcomes

4.1 Eligible patients were referred from multiple centres to the regional prehabilitation unit providing home-based "virtual" prehabilitation. Enrolled patients performed prehabilitation prior to commencing cancer treatment. The home-based programme consisted of 1) training exercises, 2) nutritional advice, 3) medical-optimising measures (including referrals to stop smoking and alcohol reduction services) and 4) counselling. The primary outcome was to investigate the feasibility and acceptance of the programme.

4.2 Within the first year of the community based service 300 patients were referred or self referred. Of those patients that were referred, 84% patients agreed to partake. The most common reasons for non-participation included self-perceived lack of benefit, cancer treatment beginning within weeks and did not want to enrol unless it was face-to-face. The mean age was 67 years old (60-73). The mean duration of the programme was 4 weeks (3-9). Paretian classification of health change found 38% of the patients "improved" their health status after prehabilitation ($p=0.092$). Patients significantly improved self-perceived health ($p=0.001$), and fatigue ($p=0.000$).

4.3 Client feedback on the programme has been extremely positive, in terms of the difference that having access to the programme has made to those that have used it. A clear theme of the many positive testimonials received is that clients are treated as individuals, and their needs fully reflected in how the programme works for them individually. Experience and feedback from those that have used the service is also an integral part of developing the programme, and the provider has established a dedicated patient steering committee, which ensures that the programme remains responsive to patient feedback.

4.4 One testimony includes this comment from a lady who accessed the service in 2020 *"My GP asked if I would like to be referred to prehabilitation as I cried down the telephone at him. He explained a little, I said yes. It was the best thing I could have done. I have met a wonderful team of people who have my best interests at heart. It is regular ie. Every week. Same person, Roberto, caring, thoughtful and funny. I have seen student physios, been given*

exercises, diet plans. I also talk with a counsellor, Lyndsey a lovely lady. I feel listened to, cared about and comforted. Excellent service.”

5. Future service plans

- 5.1 The Kent and Medway Cancer Alliance have formally committed to funding a one year extension to the Kent and Medway Prehabilitation Programme. The total funding will be £315k which will enable a further 400 patients to be treated through the programme. The extension will commence on 1 January 2022 and will end on 31 December 2022. For the duration of this extension, the service will transfer to be exclusively delivered by Phase B C.I.C, with Medway Council Public Health team providing support with local delivery in Medway and any transition assistance needed by the lead provider.
- 5.2 On 5 August 2021, Kent and Medway CCG Clinical Cabinet discussed the prehabilitation service and formally endorsed it. The CCG will continue to discuss longer term funding options to ensure this important and innovative front line service is present for Kent and Medway residents beyond 2022.

6. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Long term sustainable funding for the service	The Cancer Alliance has committed to funding a scaled up service in 2022, however long term and sustainable funding needs to be secured from the NHS system locally	Approval of a long term funding from Kent and Medway CCG/ Integrated Care System	D2

7. Financial implications

- 6.1 There are no immediate financial implications resulting from this report. T

8. Legal implications

- 7.1 There are no legal implications arising from this report.

8. Recommendations

- 8.1 The Health and Wellbeing Board are asked to endorse and support the Kent and Medway Prehabilitation Service

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Appendices

- www.gov.scot/news/investment-for-cancer-services/ - Prehab part of Covid 19 Cancer services Recovery Plan
- <https://gov.wales/rehabilitation-framework-continuity-and-recovery-2020-2021-appendix-2-html>- Prehabilitation for cancer patient part of the plans
- NIHR recognises the need - <https://www.nihr.ac.uk/funding/20142-prehabilitation-living-with-and-beyond-cancer/26350>
- www.cancerresearchuk.org/sites/default/files/local-cancer-stats/faversham_and_mid_kent_20200210.pdf
- www.macmillan.org.uk/assets/forgotten-c-impact-of-covid-19-on-cancer-care.pdf
- www.bmj.com/content/bmj/369/bmj.m1386.full.pdf
- www.bmj.com/content/371/bmj.m4130
- <https://journals.sagepub.com/doi/abs/10.1177/0310057X20947731>
- The feasibility of prehabilitation as part of the breast cancer treatment pathway. Original research, F.Wu, M.El Gammal, and T. Rampal, , 2020. PM&R, 25 Dec 2020, <https://doi.org/10.1002/pmrj.12543>
- Getting fit for Surgery: A protocol for implementing a breast Prehabilitation service in a district hospital. Fiona Wu, Tara Rampal et al.,2020. European Journal of Surgical Oncology, 2020.03.099. P060 (Abstract only)
- Effects and feasibility of a prehabilitation programme incorporating a low-carbohydrate, high-fat dietary approach in patients with type 2 diabetes: A retrospective study. Laza-Cagigas, R., Chan, S., Sumner, D., & Rampal, T. (2020). Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 14(3), 257–263