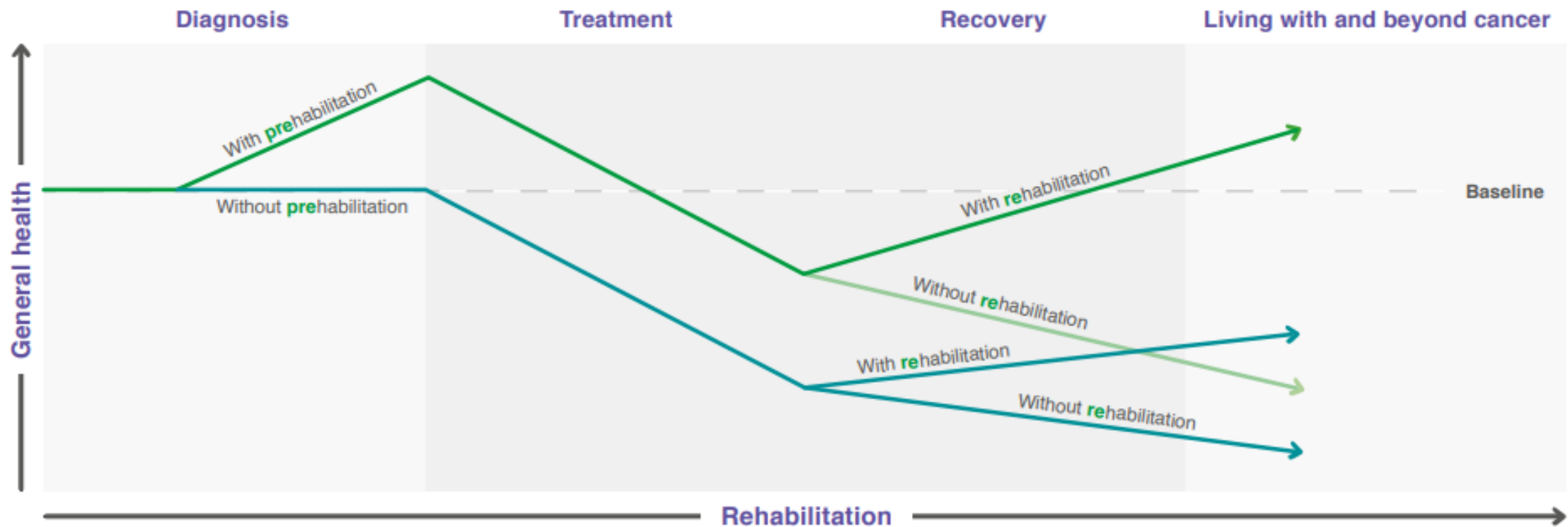


# Active Together

Dr Carol Keen

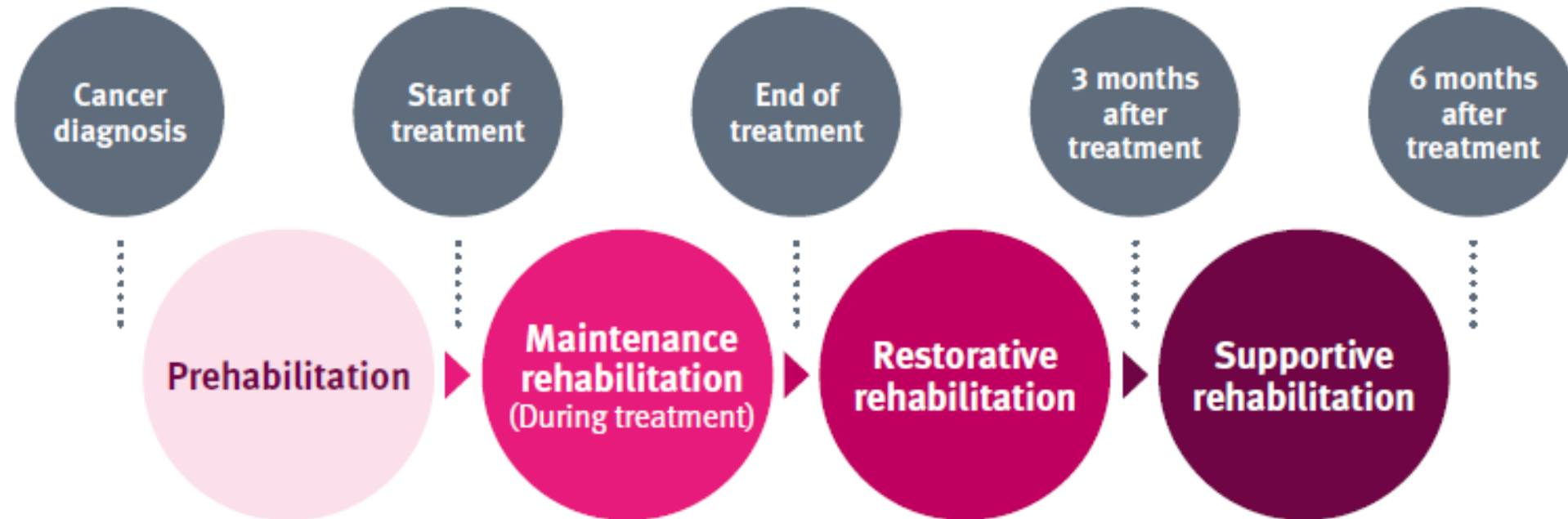
Consultant Physiotherapist, Active  
Together South Yorkshire

# Prehabilitation and Rehabilitation

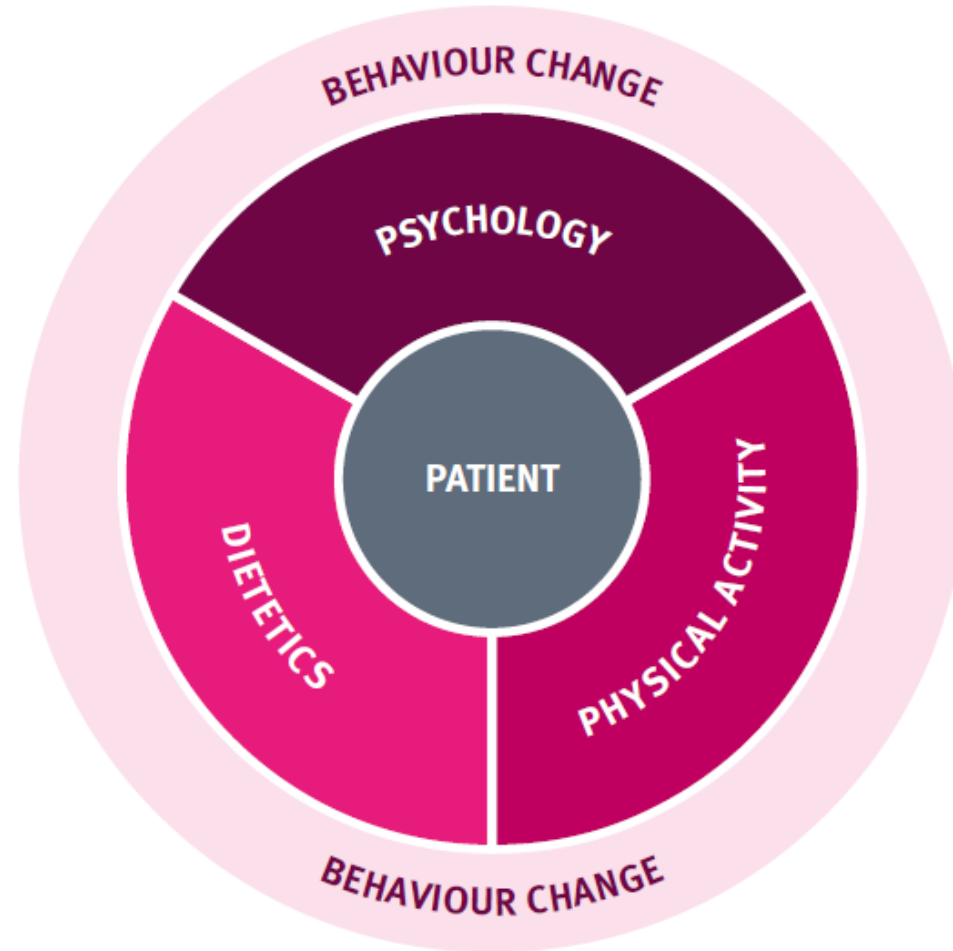


Principles and Guidance for Pre-habilitation, Macmillan

# Active Together Service Design



# Multi-Modal Service



# Individualised and Personalised Care

## Needs assessment

- Universal
- Targeted
- Specialist

## Delivery Model

- Groups / 1:1
- Online / remote / HEP
- Community sites

## Behaviour Change

- Language
- Design
- Materials

## What Matters to You?

- Functional
- Goals

# Active Together Evaluation Phase 1

Data collected between Feb 2022 – May 2024

- 700 patients

Tumour groups

- Lung
- Upper GI
- Colorectal

Comparator group

- 155 “declined”
- 900 “historic” (2017 – 2021)

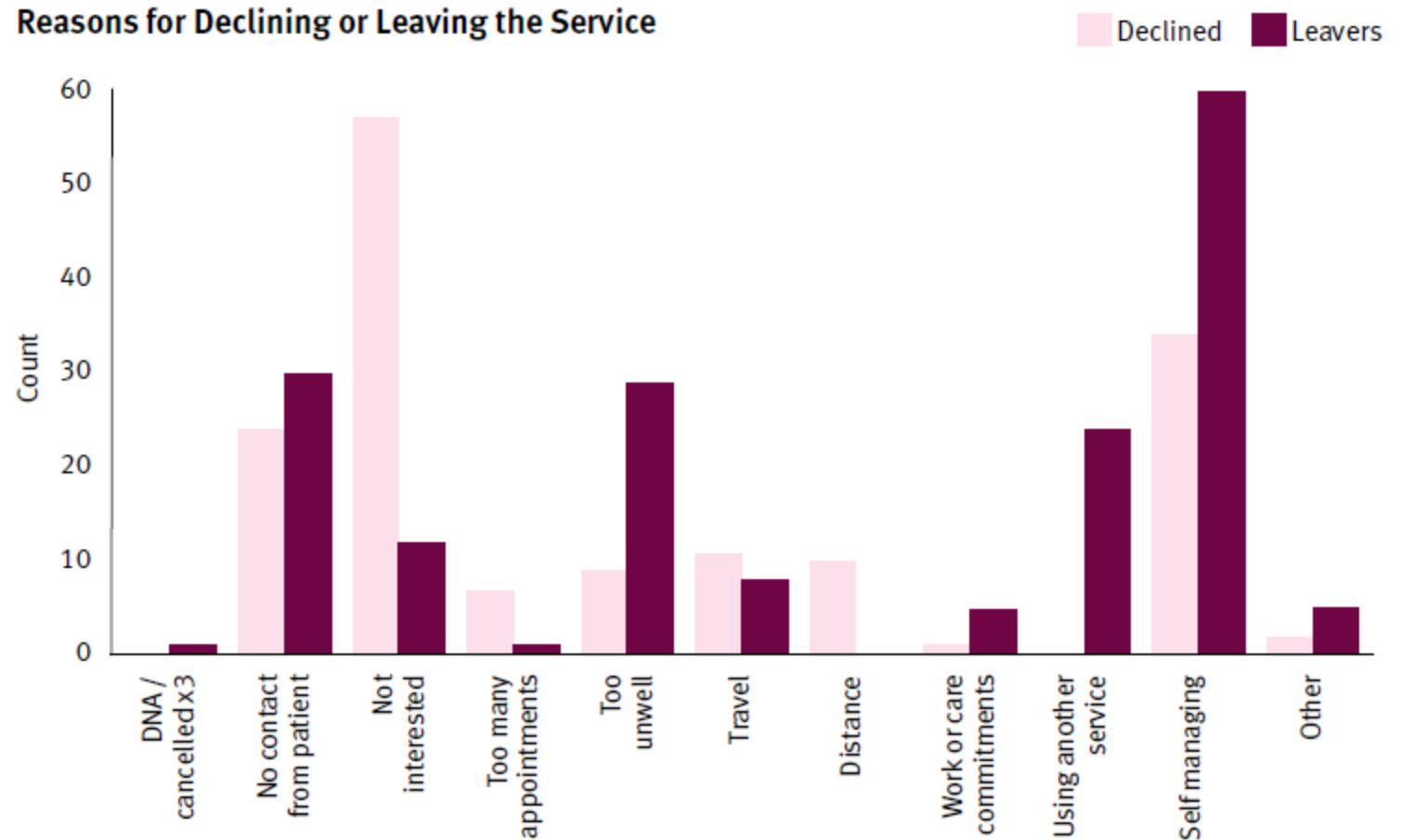
Missing data

- Challenges in data collection and data analysis



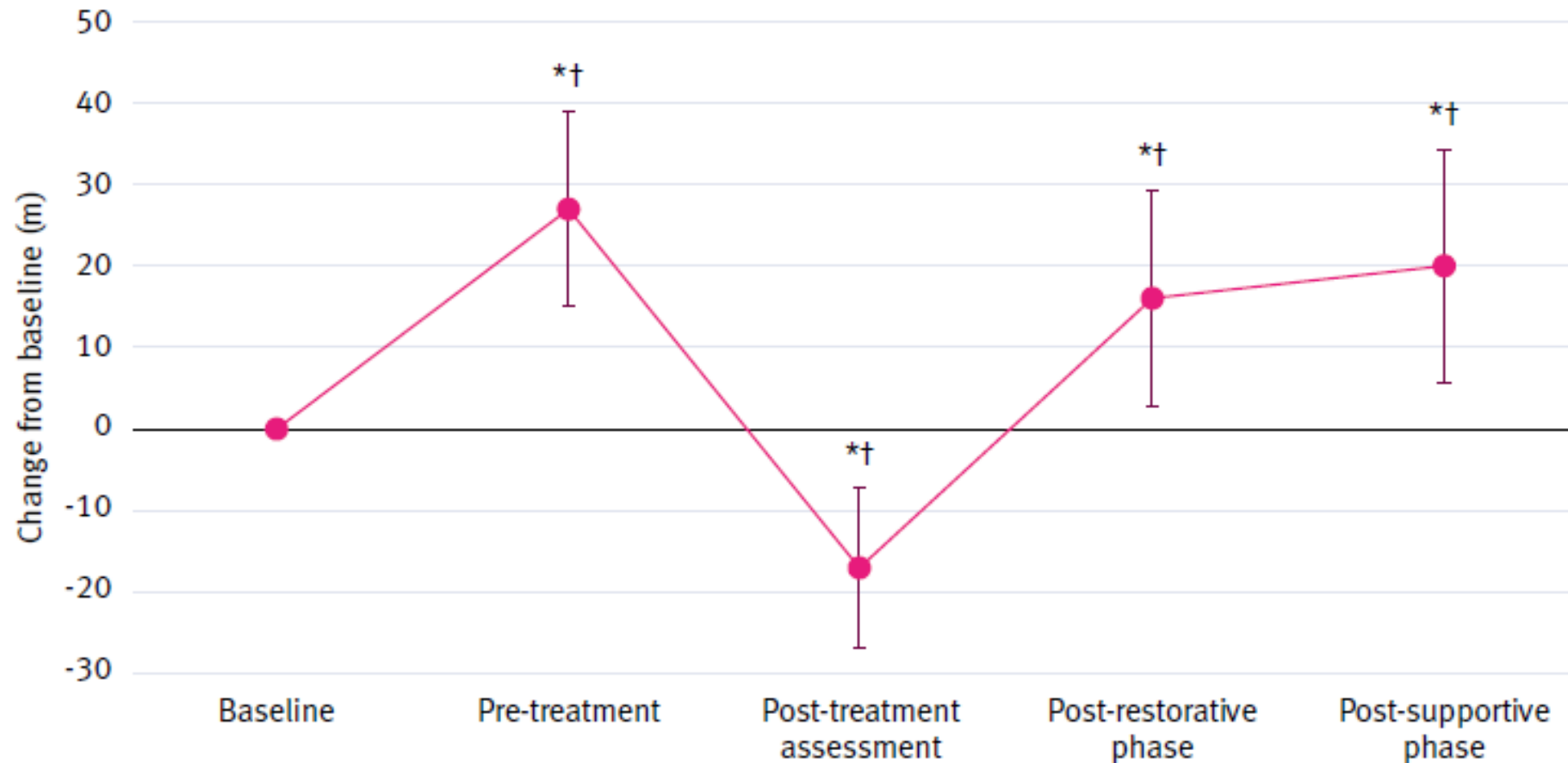
# Engagement with Active Together

- Acceptance rate = 81%
- Lowest in lung cancer patients (73%)
- 10-15% lower in areas of higher deprivation



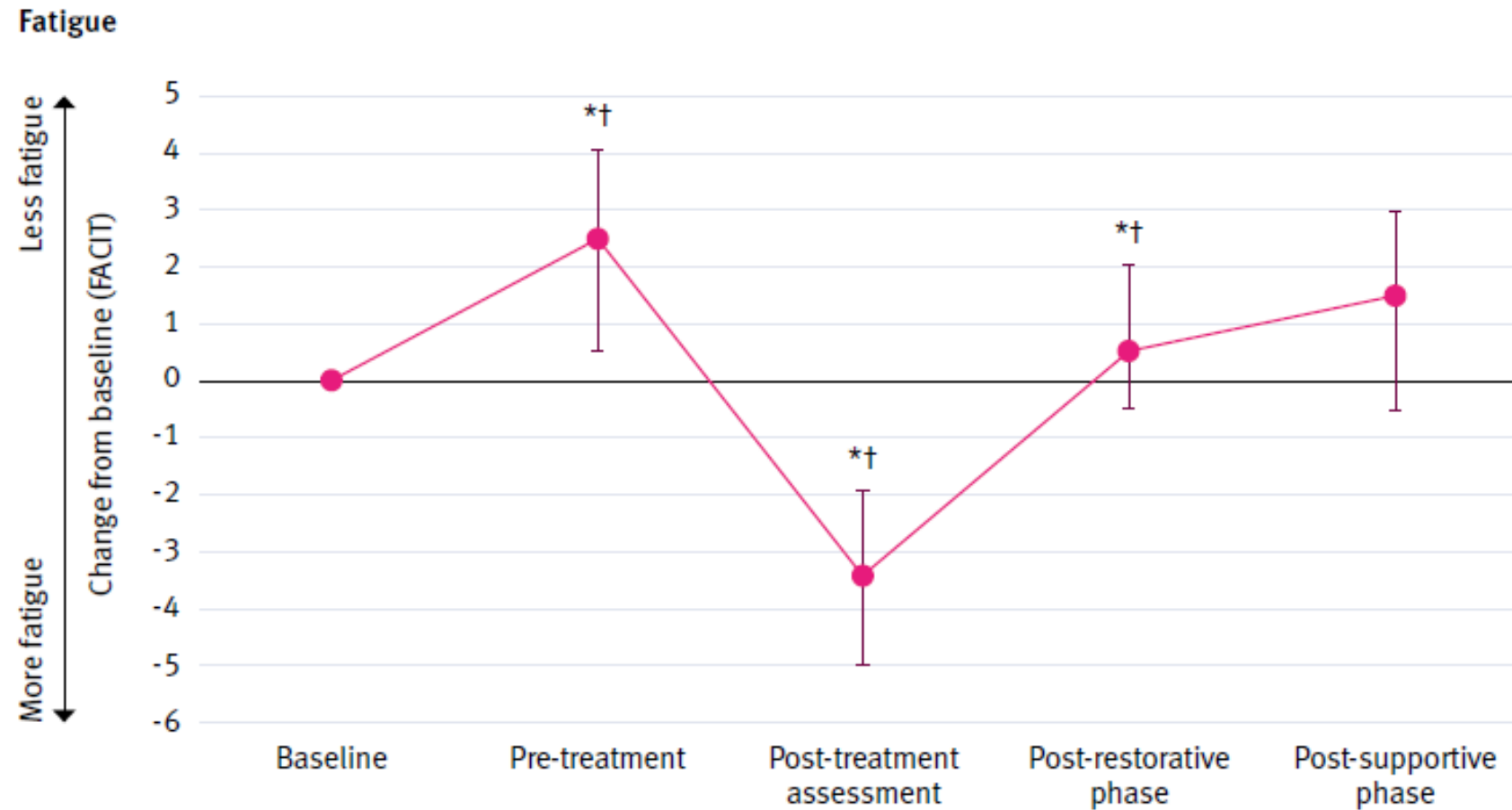
# Physical Activity

Aerobic Capacity

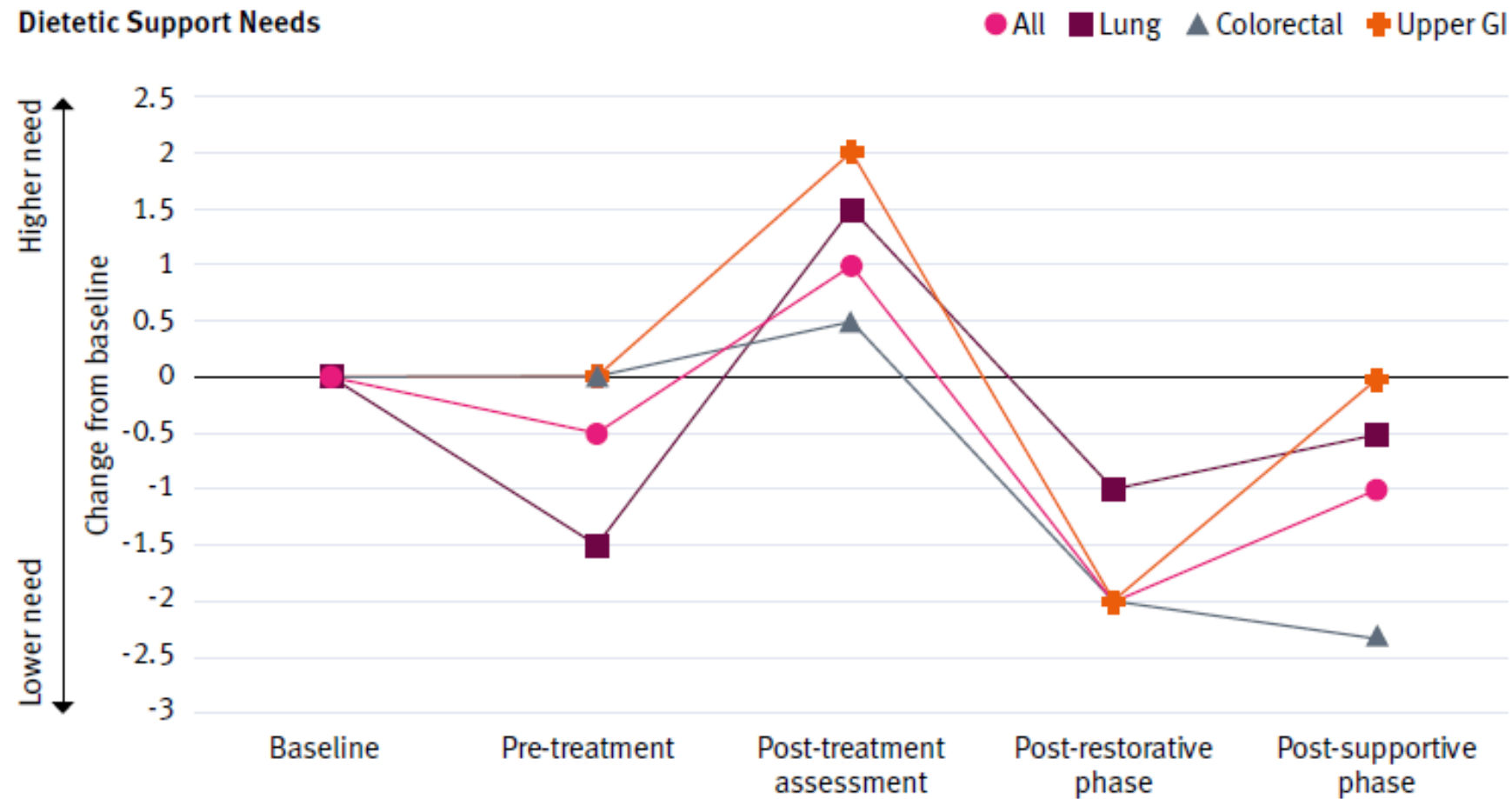




# Fatigue

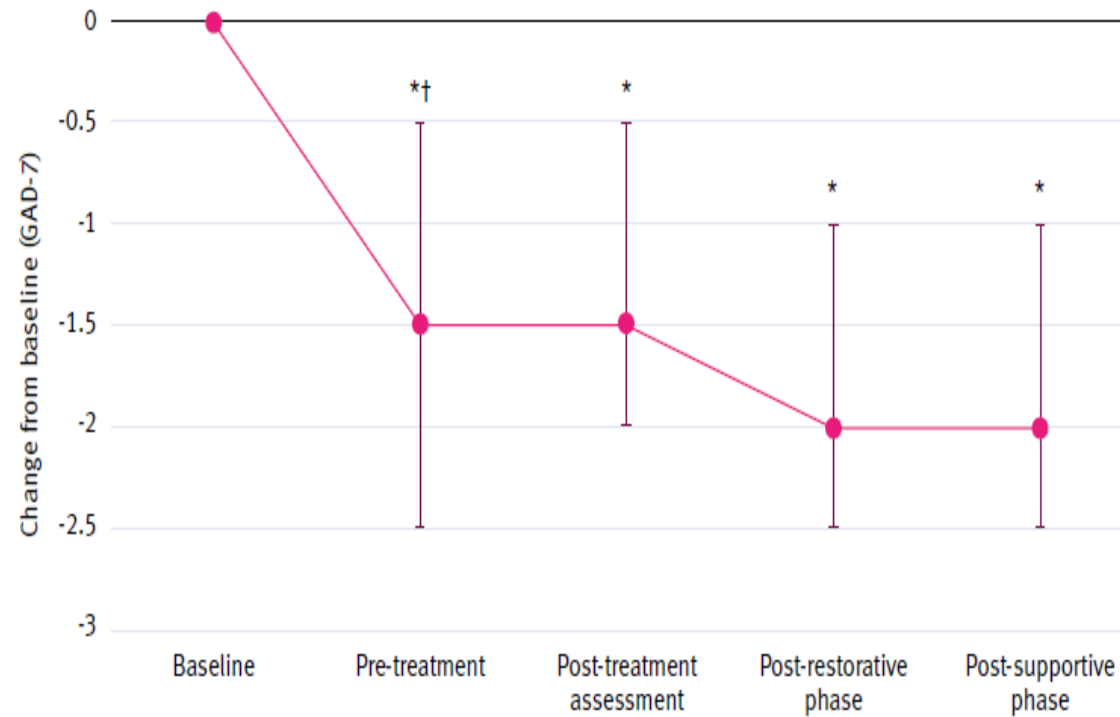


# Nutrition

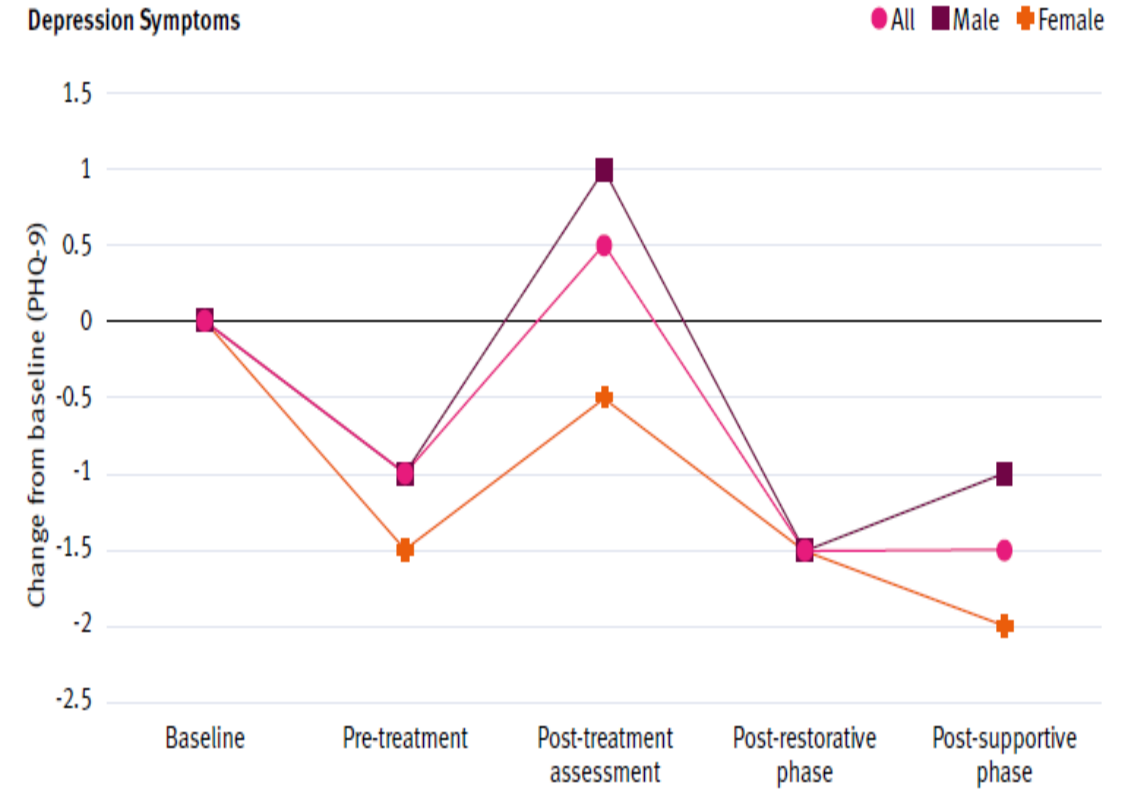


# Wellbeing

Anxiety



Depression Symptoms



# Survival Rates

Tumour Group	Active Together	Declined	Historical
Colorectal	97%	86%	95%
Lung	93%	89%	90%
Upper GI	91%	68% *	85%
Total	95%	85% *	92%

# Healthcare Resource Usage

Tumour group	Active Together hospital cost	Declined hospital cost	Mean difference	Overall cost saving per Active Together patient
Colorectal	£13,608.69	£14,581.99	£973.30	£200.44
Lung	£16,076.20	£17,282.86	£1,206.65	£493.79
Upper GI	£22,368.84	£23,558.34	£1,189.49	£476.93
Overall (weighted average)	£16,044.75	£17,123.97	£1,079.22	£366.36

# Testimonials

*“Active Together is now embedded into practice and the dedication that the team have shown whilst setting up the process has greatly improved our patient's sense of wellbeing. They feel like they are in an active part of their treatment”.*

*Clinical Nurse Specialist*

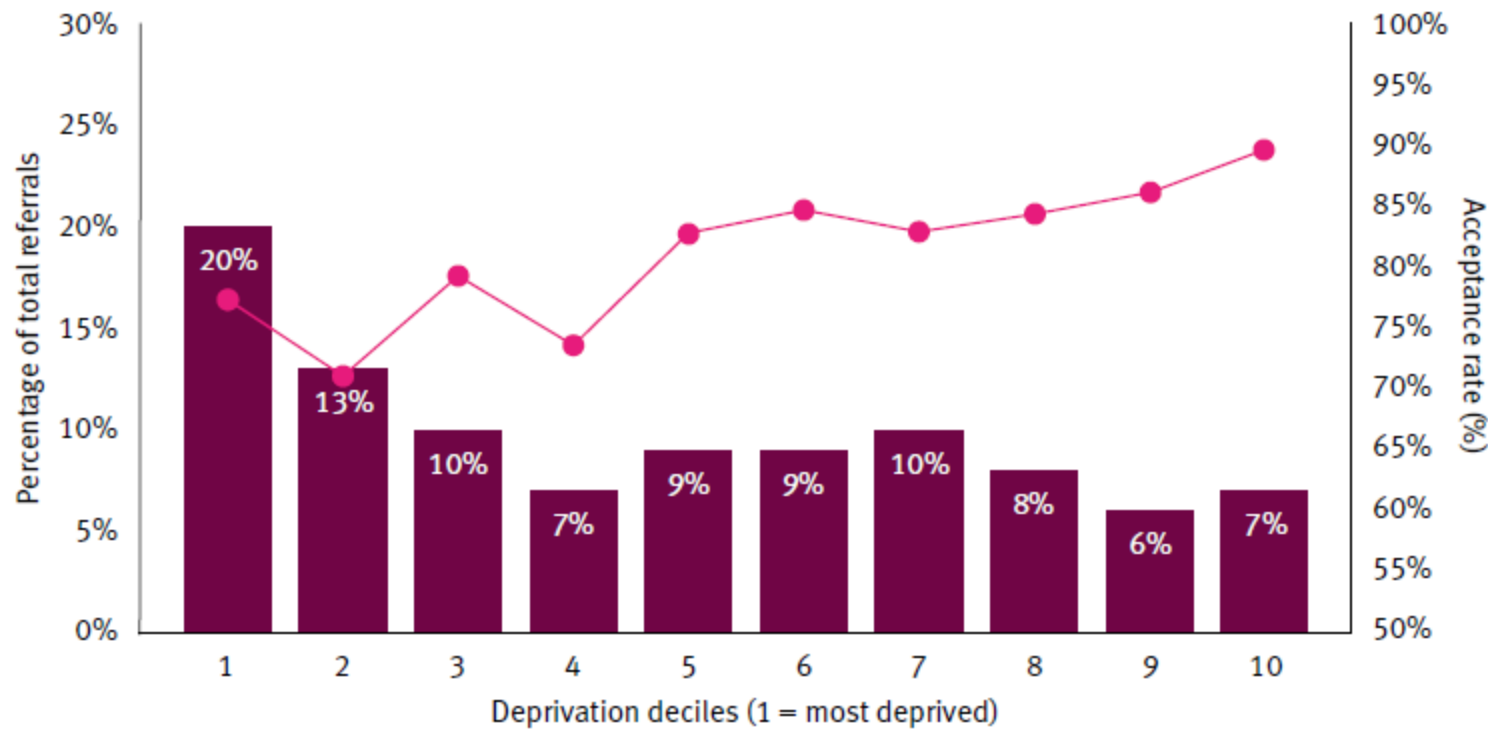
*“One patient was initially declined for thoracic surgery based on fitness and lung function. He was then accepted after a period of prehab with Active Together”.*

*Consultant Surgeon*

*“Taking part in Active Together created in me a new philosophical attitude. The exercise not only made me feel fit, but also made me feel like I was in control of my own destiny.”*

# Health Inequalities

Percentage of Total Referrals and Acceptance Rates Ranked by Deprivation



Universal referrals

Locations

Travel support

Language support

Personalised care

Data monitoring

Service Improvement

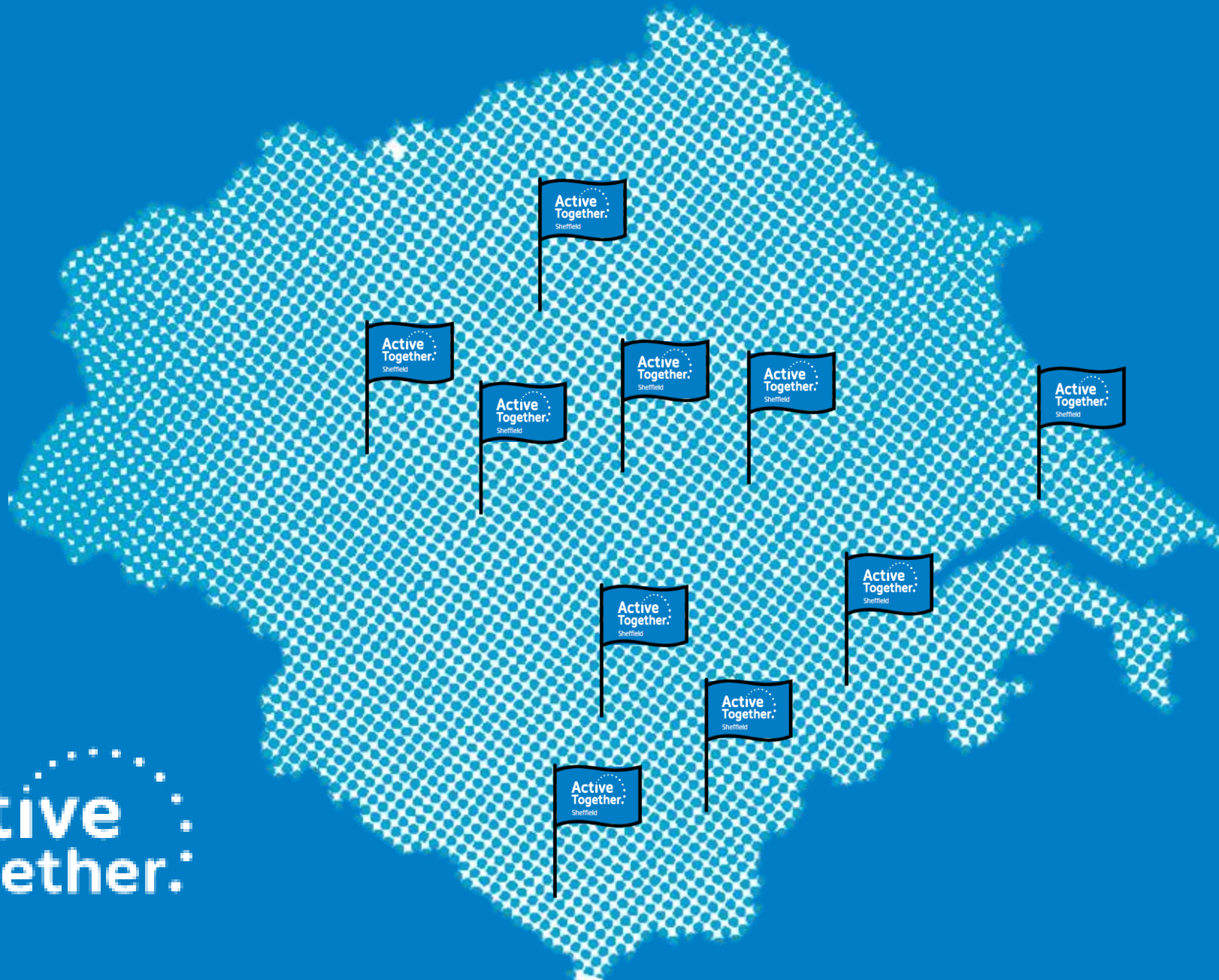


# Regional Expansion



	Sheffield	Rotherham	Barnsley	Doncaster
Lung	X	X	X	X
Colorectal	X	X	X	X
Upper GI	X	X	X	X
Bladder	X		X	
Gynaecology	X	X	X	X
HPB	X		X	
Haematology	X			
Head and Neck	X	X		
Breast (immediate reconstruction)	X			
Prostate				

**Active  
Together.**



*Sheffield*

*Harrogate*

*Airedale*

*Wakefield*

*Dewsbury*

*Pontefract*

*Barnsley*

*Rotherham*

*Doncaster*

*Hull*

Active Together  
Evaluation  
Phase 2

June 2024 – March 2026

Additional sites

Additional tumour groups

Patient numbers

# Future Development

**MACMILLAN**  
CANCER SUPPORT

**NIHR** | Southampton Biomedical  
Research Centre



**NIHR** | Cancer and Nutrition  
Collaboration



## **Prehabilitation in people with cancer: Clinical and implementation guidelines**

**June Davis**

**Lead Allied Health Professional and Nursing, Macmillan Cancer Support;**

**Professor Mike Grocott**

**Consultant Anaesthetist, University Hospitals Southampton**

**Director, NIHR Southampton Biomedical Research Centre**

**Co-chairs guideline development group**

# Future Development - Workforce

## Established role

- Physiotherapist
- Dietitian
- Clinical Psychologist
- Fitness Instructor

## Developing / Testing

- Occupational Therapist
- Band 6 Clinical Exercise Physiologist
- Band 4 Associate Therapy Practitioner (Fatigue)
- Band 4 Associate Exercise Practitioner



# Current Funding

Funded by Yorkshire Cancer Research as a pilot

Partnership approach - Yorkshire Cancer Research, SHU, STH Cancer Alliance

Take every opportunity – broken record

Broken record / Play on repeat

Present a case with clear qualitative and quantitative evidence that the commissioners can't argue with

- “We fund so many services with far less evidence”

Used clinical teams to help sell the value of the service –

- “I couldn’t imagine my (cancer) pathway without it”

# Future Funding

Until March 2028

- Tapered model

Connect to other ICB programmes of work

Partnership working

Link to key strategies

Cost optimisation





# Summary

## Service design

- Evidence-based
- Individualised, personalised
- Prehab and rehab

## Embedded evaluation

- Clinical and economic value

## Collaborative working

- Design
- Delivery
- Funding

## Regional Roll out

- South Yorkshire
- County ide

**Any questions?**

