

Inclusive Prehabilitation Project (I-Prehab)



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Acknowledgements & Disclaimer

This project is funded by the NIHR Health & Social Care Delivery Research programme (NIHR151668)

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What is prehabilitation?

Cancer Prehabilitation (prehab) prepares people for cancer treatment

Prehab interventions primarily address:



Physical activity



Nutrition



Emotional well-being

Interventions may also include advice on factors such as stopping smoking and reducing alcohol intake

Background

Prehabilitation can:

- Improve pre-treatment physical fitness
- Reduce treatment-related complications
- Improve well being
- Enhance recovery after treatment



However,

- Inequalities exist - lowest uptake of prehab services among people from socioeconomically deprived communities and minority ethnic groups ¹
- If prehab is to be inclusive, adjustments are needed to enable access, facilitate acceptance and support adherence ²

¹ Macmillan Cancer Support, Prehabilitation for people with cancer: principles and guidance for prehabilitation within the management and support of people with cancer. www.macmillan.org.uk/assets/prehabilitation-guidance-for-people-with-cancer.pdf. 2019.

² Health and Social Care Cancer Alliance, Cancer prehabilitation focus groups: insights report. 2022. Scotland. <https://www.alliance-scotland.org.uk/wp-content/uploads/2022/04/Prehab-Insights-Report-April-2022-PDF.pdf>

Project Aim

*"To better understand **access** to, **acceptance** of and **adherence** to **cancer prehabilitation** across socioeconomic and ethnic minority groups, to create Inclusive Prehab education (I-Prehab)"*

I-Prehab is an **education toolkit** for cancer care workers enabling them to support inclusive prehabilitation

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Development of I-Prehab education



Phase 1: Literature review on access and engagement with cancer prehab



Phase 2: Exploration of cancer prehab services across Wales and experiences of patients and staff



Phase 3: I-Prehab education development

Workshops with diverse groups across Wales, NHS staff and third sector stakeholders



Phase 4: Evaluation of the acceptability and impact of I-Prehab Education

Phase 1: Systematic literature review ³

56 studies:

Wide range of facilitators and barriers identified:

- **Individual** (Motivations, Beliefs & preferences, Health status, Practical matters)
- **Relational** (Peers, Professionals, Family)
- **Structural** (Education, Service organisation, Mode of service delivery)

Interpersonal connections particularly important for access, acceptance and adherence

Ethnic minority communities: No specific data

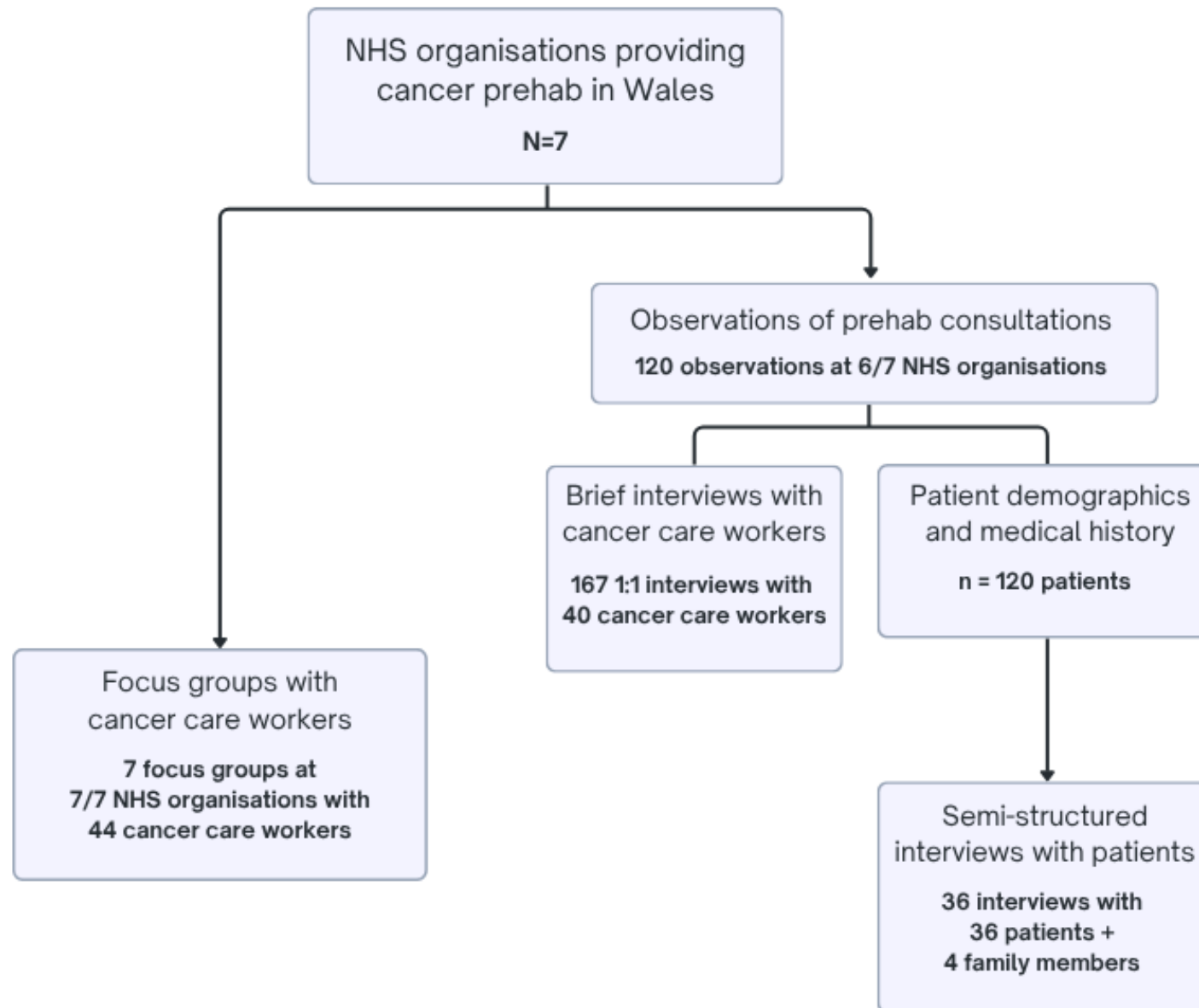
Socioeconomically deprived communities: **Health literacy** a barrier to access (one study)

Person-centred approaches and maximising **interpersonal connections** are fundamental ingredients of successful prehabilitation

Staff training may be required to improve inclusive practice

³ Watts T et al (2004) Access, acceptance and adherence to cancer prehabilitation: a mixed-methods systematic review. Journal of Cancer Survivorship
<https://doi.org/10.1007/s11764-024-01605-3>

Phase 2: Case Study Ethnography



Components of prehabilitation



80%



76%



46%

Exercise alone	13%
Nutrition alone	16%
Emotion alone	0%
Exercise + nutrition	24%
Exercise + emotion	5%
Nutrition + emotion	6%
Exercise + nutrition + emotion	34%
No intervention (Assessment only)	2%

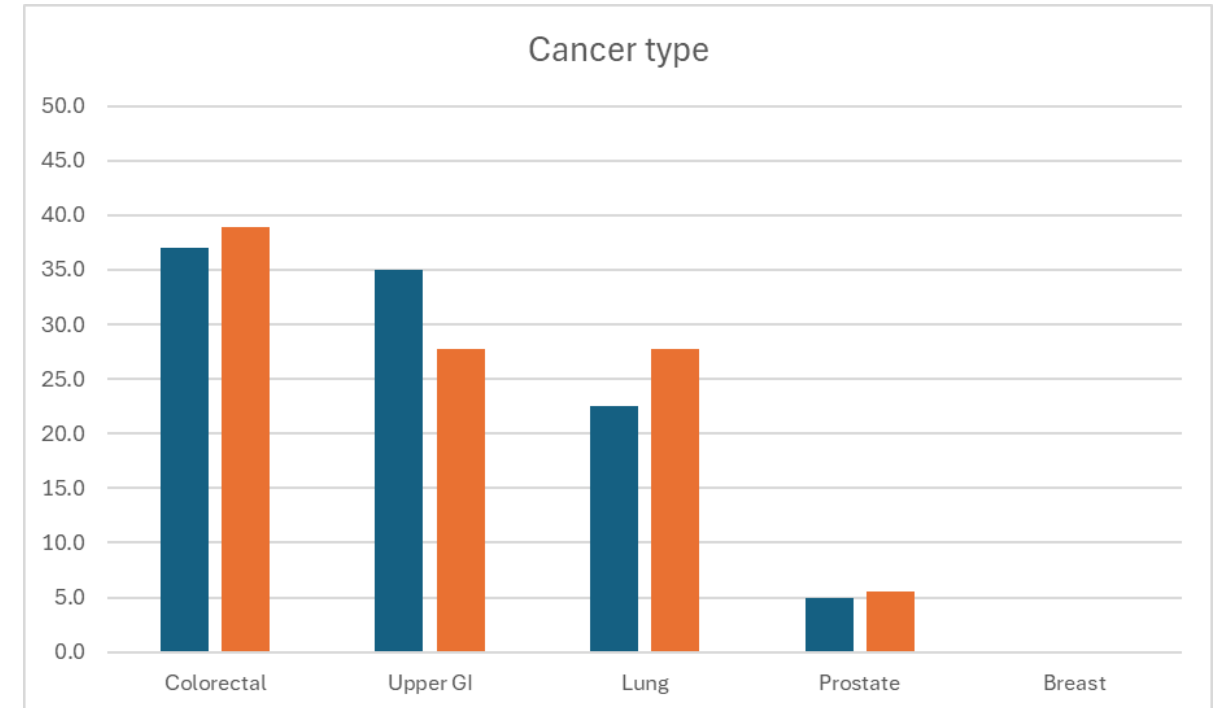
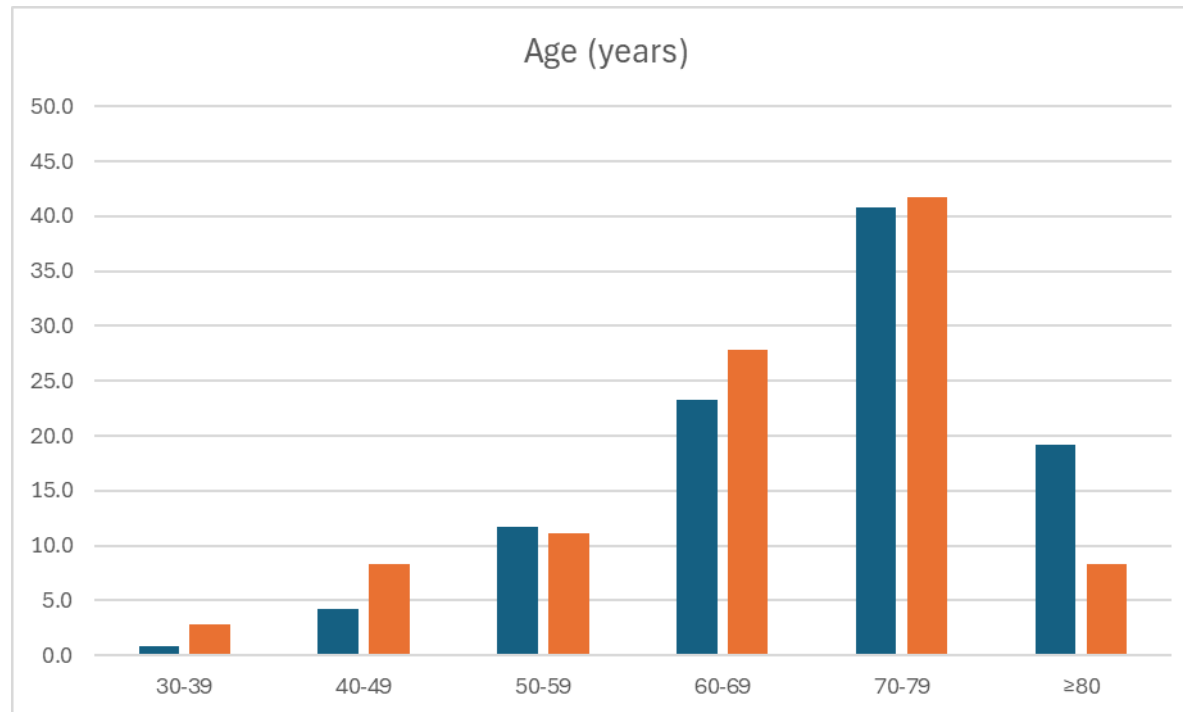
Sample characteristics

	All patients (n = 120)		Interviewed patients (n = 36)	
	<i>Frequency (n)</i>	<i>Percent (%)</i>	<i>Frequency (n)</i>	<i>Percent (%)</i>
Sex				
Male	75	62.5	18	50.0
Female	45	37.5	18	50.0
Ethnicity				
White British or Irish	116	96.7	33	91.7
Black or Black British	1	0.8	0	0.0
Asian or Asian British	1	0.8	1	2.8
Mixed or multiple ethnic groups	2	1.7	2	5.6

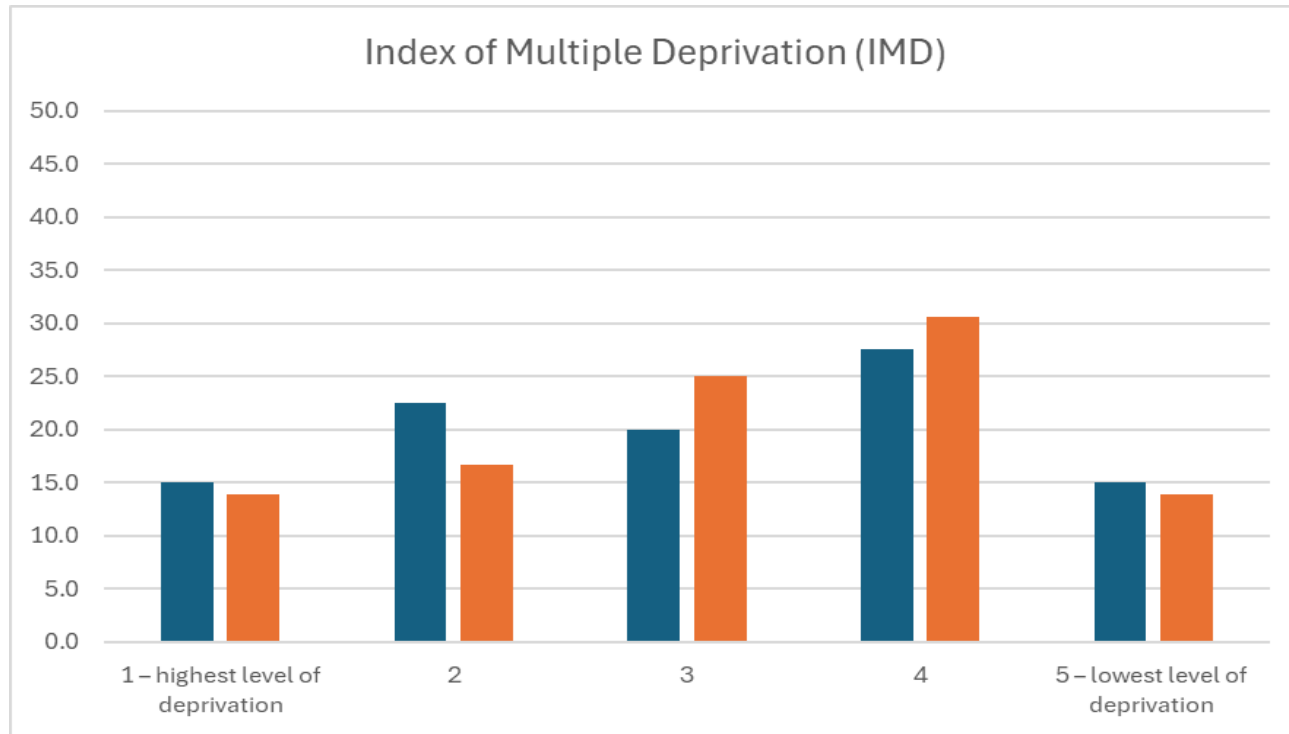
Sample characteristics

All patients (n = 120)

Interviewed patients (n = 36)



Sample characteristics



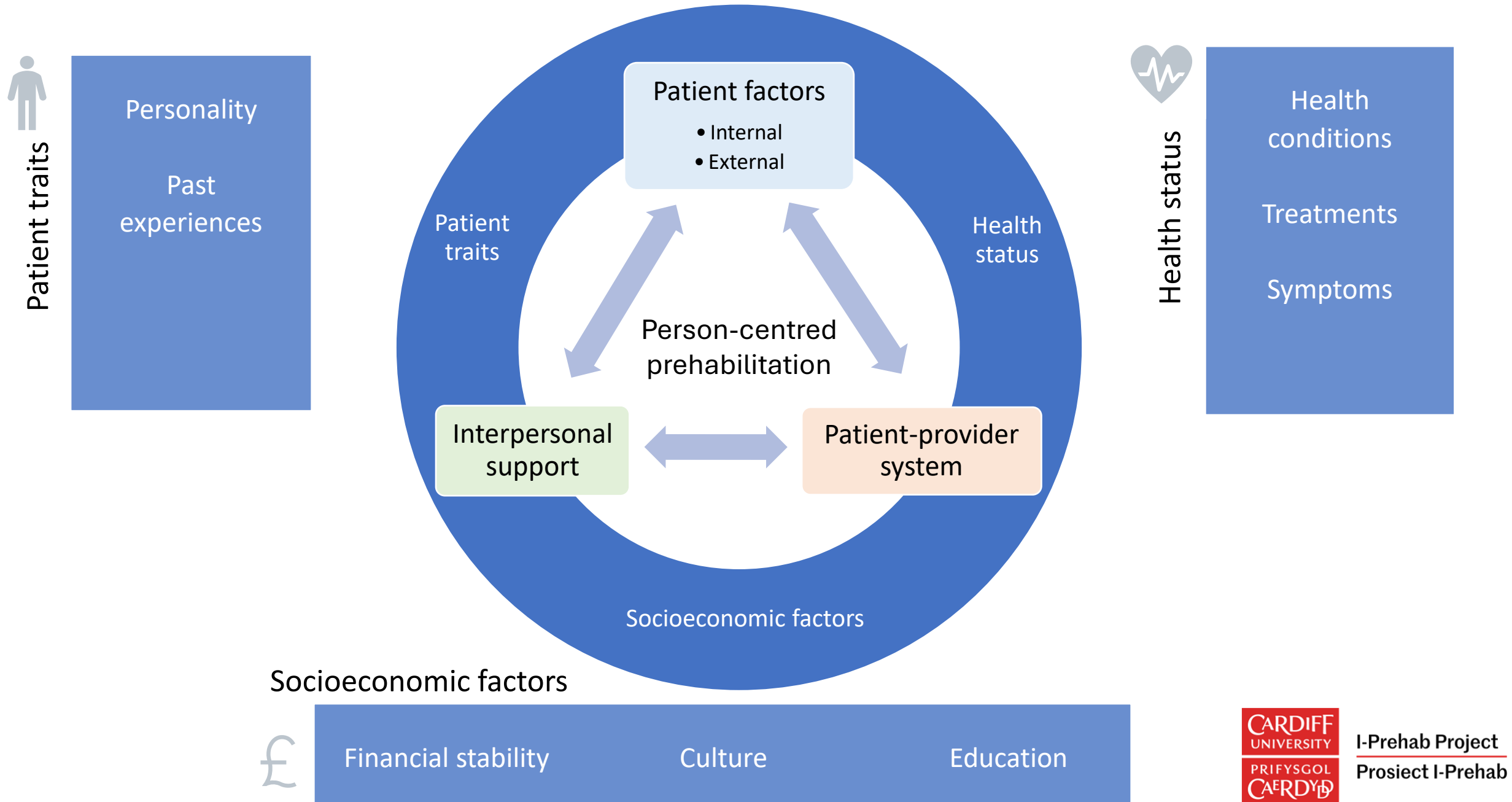
 All patients (n = 120)

 Interviewed patients (n = 36)

IMD 1 & 2 = most deprived communities

IMD 4 & 5 = least deprived communities

Determinants of access and adherence to cancer prehabilitation



Patient factors



Internal factors

- Trust in healthcare professionals
- Knowledge, beliefs and preferences
- Emotional and physical capacity
- Motivations and priorities
- Self-efficacy



External factors

- Physical environment
- Social environment
- Transport
- Technology

Interpersonal support



- Alignment of expectations
- Communication
- Connection
- Reciprocity

Patient-provider system



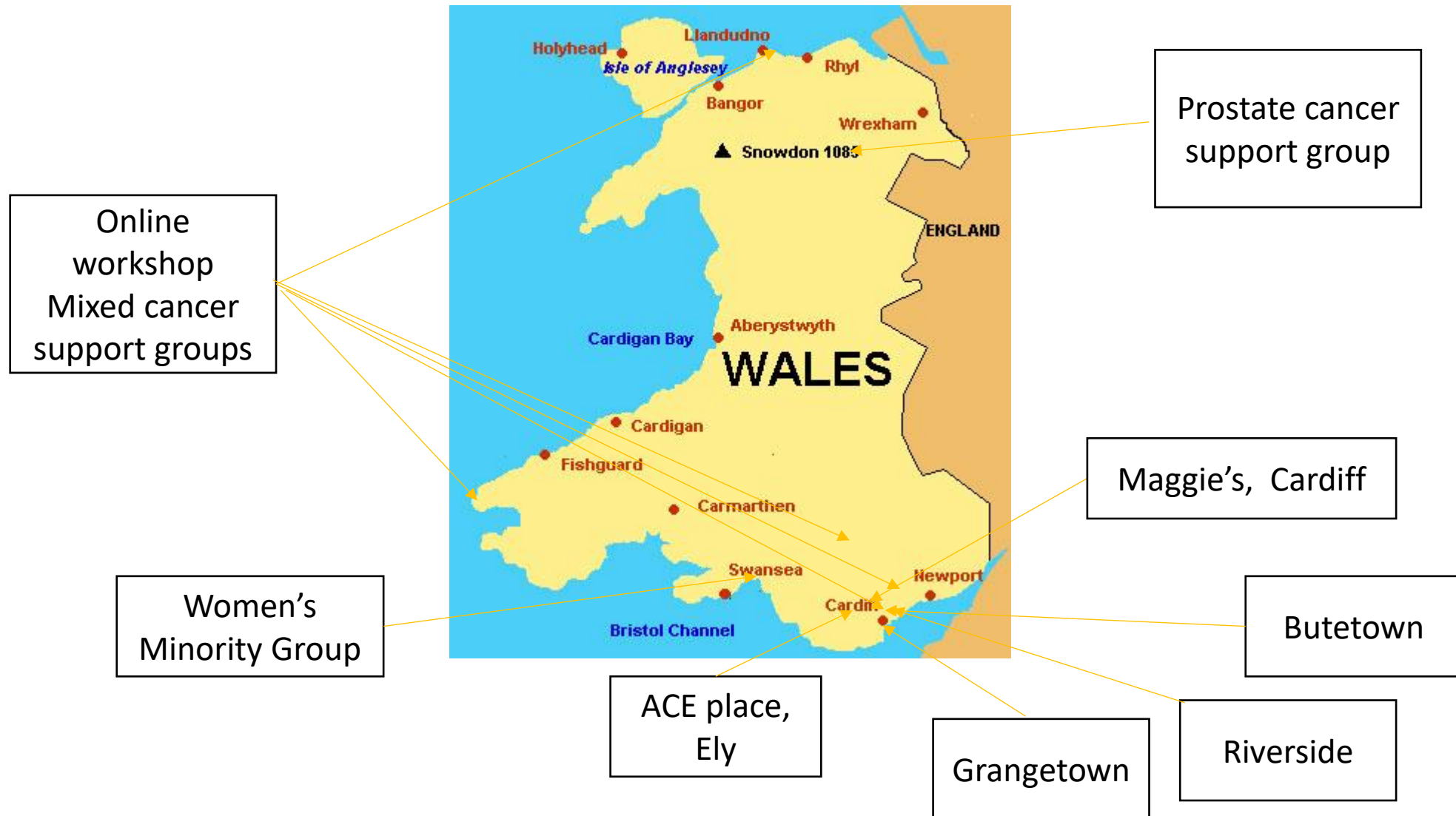
- Service organisation
- Mode of prehab delivery
- Resources
- Staff knowledge, beliefs and preferences

Person-centred prehab



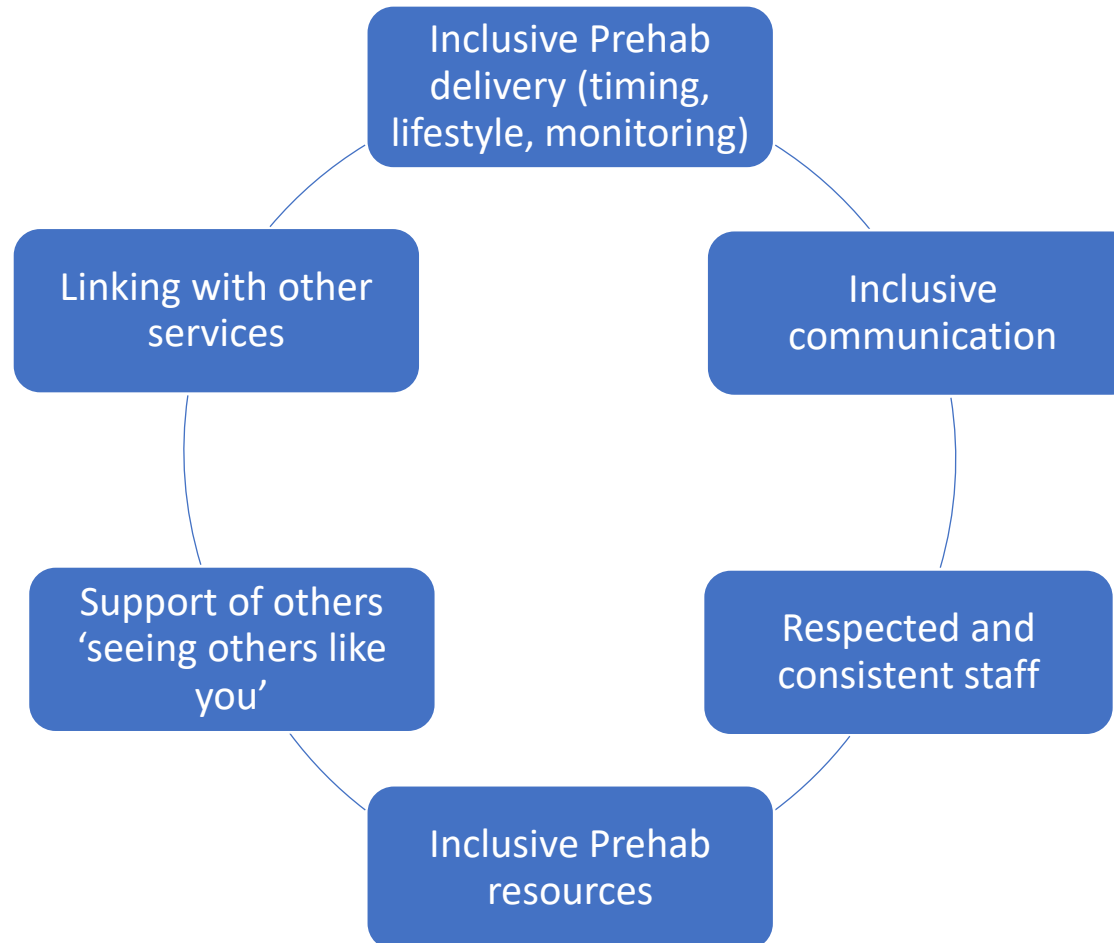
- Individualisation and holistic approach
- Challenging assumptions
- Shared decision making

Phase 3: Prioritisation workshops



Coproduction

Priority
Themes from
Coproduction
workshops
across Wales



I-Prehab Online Modules

1. Introduction
2. Getting to know the person with cancer
3. Engaging the person with cancer
4. Harnessing the support of others
5. Making services inclusive
6. Making resources inclusive

Each module takes approximately 20 minutes (self paced completion)

Hosted by Health Education Improvement Wales (HEIW) website

<https://heiw.nhs.wales/education-and-training>

Accessible across UK, requires sign-up with individual email

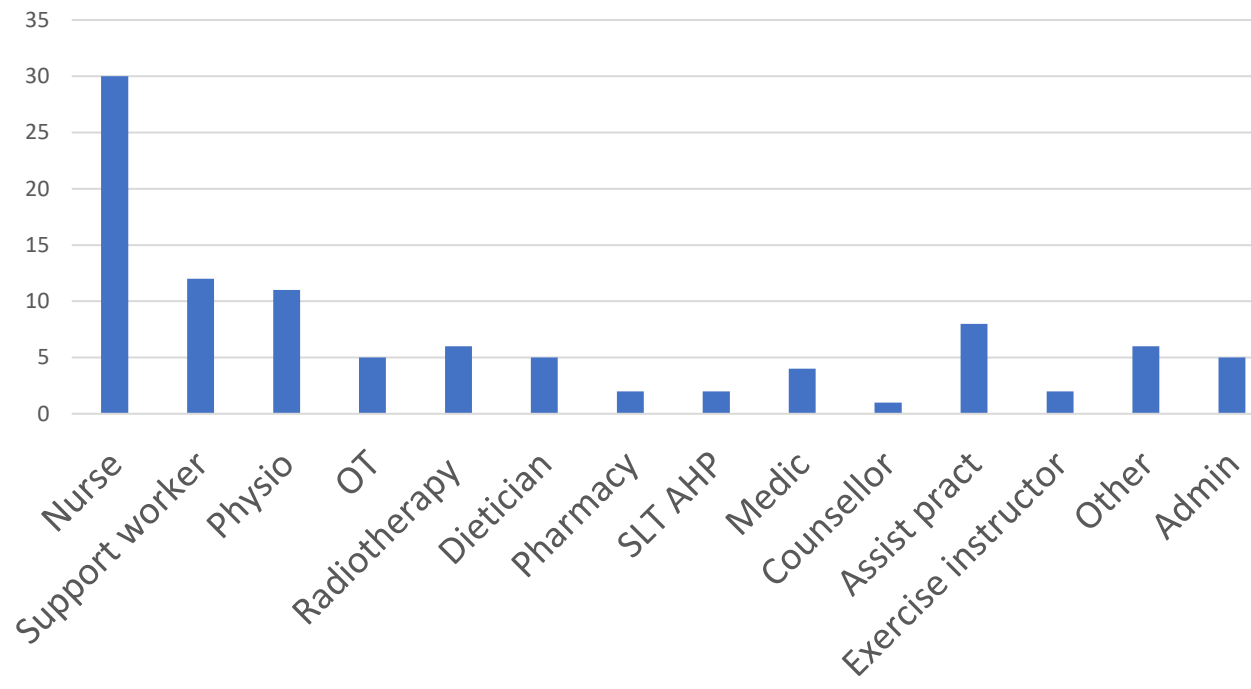
Recruitment

Objective 1

a) Was it feasible to recruit to I-Prehab (% of staff started I-Prehab after attending the roadshow)

b) Was completion of I-Prehab feasible (% of staff completed I-Prehab education at 6 weeks)

Attended roadshow	Access to I-Prehab modules	Completed consent and started training	Completed consent, training, pre- and post-course surveys	Started (completed) training, no consent
126	128	92	74	5 (3)



Evaluation

Please rate your level of agreement with each statement, ranging from:

1 = 'Strongly Agree,' to 6 = 'Strongly Disagree.'

1. I understand the **key barriers and facilitators** influencing access, acceptance and adherence to cancer prehab

Pre	Post
2.4	1.3

I know **specific person-centred strategies** to...

2. establish **what is important to the person with cancer**
3. **motivate the person with cancer** to engage with prehab
4. **secure the support** of those working with people with cancer, family, friends, peers and support groups
5. **make prehabilitation services inclusive** to all people with cancer
6. **make resources inclusive** to all people with cancer

2.3	1.3
2.5	1.4
2.6	1.4
2.6	1.4
2.6	1.4

Evaluation

How certain (1 = very uncertain, 10 = very certain) are you that you are able to successfully...

- Q1 **identify** the **issues the patient wishes to address** during the conversation?
- Q2 **make an agenda/plan for the conversation** with the patient?
- Q3 **urge the patient to expand on his or her problems/worries?**
- Q4 **listen attentively** without interrupting or changing of focus?
- Q5 **encourage** the patient to express **thoughts and feelings?**
- Q6 **structure the conversation** with the patient?
- Q7 **demonstrate appropriate non-verbal behaviour?**
- Q8 **show empathy?**
- Q9 **clarify what the patient knows** to communicate the right amount of information?

Pre	Post
7.1	8.5
6.8	8.4
7.2	8.5
7.7	8.8
7.5	8.7
7.2	8.6
8.1	8.9
8.3	9.0
7.6	8.7

Evaluation

How certain (1 = very uncertain, 10 = very certain) are you that you are able to successfully...

- Q10 **check patient's understanding** of the information given?
- Q11 **make a plan based on shared decisions** between you and the patient?
- Q12 close the conversation by **assuring** that the patient's **questions have been answered**?
- Q13 **cope with emotional patients/relatives**?
- Q14 **handle angry patients/relatives**?
- Q15 **communicate difficult news** to patients/relatives?
- Q16 **manage your time** with patients/relatives?
- Q17 **involve the patients/relatives in the decisions** being made?

Pre	Post
7.7	8.8
7.6	8.7
7.5	8.8
7.4	8.4
7.0	8.2
7.3	8.5
7.1	8.4
7.6	8.7

I-Prehab Research Team



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Thank you

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