West Midlands Cancer Alliance Prehabilitation Framework for Cancer

December 2025

Meeting	WMCA Living With and Beyond Cancer Steering Group	
Document Title	WMCA Prehabilitation Framework	
Published date	December 2027	
Document Purpose	To provide guidance and support to the implementation of prehabilitation methodology to support and optimise patient cancer treatment and recovery	
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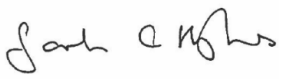
Review Date:	December 2027	
Approval Signatures:	**West Midlands Cancer Alliance LWBC Chair, Joanna Fairhurst** 	**Clinical Director, West Midlands Cancer Alliance** 

Document Management

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Revision history

Version	Date	Revision Author	Status	Description *i.e. changes made*
V0.12	July 2025	Laura Blaney – Project Improvement Manager	Draft	First draft
V0.13	September	Sandra Smith Programme Manager	Draft	Content Update
V0.14	September	Prehabilitation Task and Finish Group	Draft	Content Update
V0.15	September	Sandra Smith Programme Manager	Draft	Content Update
V0.16	October	Sandra Smith Programme Manager	Draft	Content Update
V0.17	November	Sandra Smith Programme Manager/stakeholders updates	Draft	Content Update
V0.17	December	Prehab Task & Finish Group Update	Draft	Content Update
V0.18	December	Sandra Smith Programme Manager	Draft	Formatting
V1.0	December	LWBC Steering Group update	Final	

Approved by

This document must be approved by the following people:

Governance	Description	Who	Date
LWBC Steering Group	Approved	LWBC Steering Group Vice chair	15.12.2025
WMCA Clinical Cabinet			

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Executive Summary

The West Midlands Cancer Alliance (WMCA) Prehabilitation Framework for Cancer outlines a comprehensive, person-centred approach to supporting individuals diagnosed with cancer through prehabilitation. With cancer prevalence expected to rise significantly, with over 135,000 people projected to be living with and beyond cancer in the West Midlands by 2030, this framework responds to the urgent need for proactive, holistic care that enhances treatment outcomes and long-term wellbeing.

Prehabilitation is defined as a multi-modal, needs-based intervention delivered before and during cancer treatment to optimise physical, nutritional, and psychological health. The WMCA model promotes a tiered approach: universal, targeted, and specialist prehabilitation, tailored to individual patient needs and delivered by appropriately trained professionals across primary, secondary, and community care settings.

Key benefits of prehabilitation include improved resilience to treatment, reduced complications, shorter recovery times, and enhanced quality of life. For healthcare systems, it offers reduced resource use, cost savings, and alignment with public health priorities. The framework also emphasises the importance of personalised care planning, digital inclusion, and collaboration with local services to ensure equitable access.

The framework sets out six core standards: service provision, screening, assessment, interventions, communication, and outcome measurement. It recommends using validated tools for screening and assessment, such as the Malnutrition Universal Screening Tool (MUST), Incremental Shuttle Walk Test (ISWT), and EQ-5D-5L for quality of life. Interventions should be evidence-based and regularly reviewed.

Patient feedback from prehabilitation pilot programmes across the region highlights increased empowerment, reduced anxiety, and improved preparedness for treatment. The framework concludes with a call to action for consistent, high-quality prehabilitation services across the West Midlands, supported by ongoing evaluation, training, and stakeholder engagement.

1. Background & Context

The number of people living with a cancer diagnosis in the UK is set to double to more than 4 million by 2030[1]. In England, the average general practice has 280 patients living with cancer and 140 patients diagnosed within the past five years. 70% of people with a diagnosis of cancer are living with at least one other long-term condition.[2]

6.5 million people live in the West Midlands, and 600 cancer cases are diagnosed per 100,000 people every year – this is set to increase as our population ages. By 2030 there will be some 135,000 people living with and beyond cancer in the West Midlands. This is due to a number of factors, including rising incidence related to lifestyle factors and our ageing population, but also higher rates of early diagnosis and better treatments meaning that people are living longer following a cancer diagnosis.[4]

At 600 cases per 100,000 population, cancer incidence in the West Midlands is lower than the England rate of 609 per 100,000. However, the cancer mortality rate in the West Midlands is significantly higher than for England.[4]

Action to tackle the lifestyle-related risk factors for cancer including smoking, higher levels of alcohol use, being overweight or obese and physical inactivity is crucial, not only to reducing the number of people who develop a cancer, but also, crucially, to improving outcomes to cancer treatment. Moreover, it is important to consider the correlation between population groups where these behaviours are more prevalent, and where there may be poorer screening uptake, poorer levels of symptom awareness and higher levels of deprivation resulting in poorer outcomes to cancer treatment.[4]

The culture of education, prehabilitation and rehabilitation seen in other long-term conditions such as respiratory, diabetes and cardiac medicine are now beginning to be more widely embraced in cancer services. There is also recognition that traditional outpatient consultations do not always provide the best environment to enable holistic and personalised care and support planning for people living with cancer.

This document has been developed by West Midlands Cancer Alliance (WMCA) Prehabilitation Steering Group to support the services that embody the whole person and whole pathway, with a personalised care approach in cancer for adults, but much of the content could also be applicable to teenagers & young adults, or in some cases, children.

It is important to note that while the Prehabilitation framework sets aspirational standards designed to elevate patient outcomes and service quality, it is essential to acknowledge that there are constraints faced by healthcare professionals and services across the region. Implementing such guidance may be challenged by resource limitations, funding, systemic pressures, and workforce capacity. High expectations should inspire ambition across the West Midlands and not place undue pressure on staff striving to do their best under difficult conditions. This framework

seeks to encourage continuous improvement while supporting clinical teams with pragmatic flexibility, ensuring the pursuit of excellence is motivating, compassionate, and attainable.

Scope: The Prehabilitation Framework is a multimodal model that spans universal, targeted and specialist intervention for adults over the age of 18.

2.Introduction

The Prehabilitation Framework has been adapted from the East Midlands Cancer Alliance (EMCA) Prehabilitation Gold standards framework (2022) and national guidance developed by Macmillan Cancer Support and the Royal College of Anaesthetics (RCOA) in 2019[1] and Macmillan Cancer Support in 2025[2].

The WMCA Prehabilitation Framework can be used to develop, shape and grow prehabilitation services for people with cancer in the West Midlands.

Prehabilitation is a needs-based multi-modal intervention, before and during cancer treatment, to optimise physical, nutritional and psychological status, enhance readiness for and tolerance of treatments and improve recovery and/or quality of life.

Prehabilitation involves screening before needs-based assessment, enabling individualised prescription of exercise, nutrition and psychological interventions supported by behaviour change techniques[16 17] .

Prehabilitation encompasses three main domains, each vital for preparing patients before their cancer treatment. It is split into 3 sections:

1. **Universal –** is the provision of expert advice on exercise, nutrition and psychological support, along with behaviour change advice, to all individuals before cancer treatment.
    - ‘Universal prehabilitation’ (e.g. surgery school) is the foundation of prehabilitation and may involve screening.
    - It should be noted that generic lifestyle advice alone does not constitute universal prehabilitation
2. **Targeted –** is assessed and prescribed by a registered healthcare professional with relevant competencies and can be delivered by un-registered or non-healthcare professionals with relevant competencies.
3. **Specialist –** is assessed, prescribed and delivered by registered healthcare professionals.

[1] Macmillan Cancer Support Prehabilitation in people with cancer: Clinical and implementation guidelines July 2025
[2] Prehabilitation for people with cancer Clinical and implementation guidance October 2025

Prehabilitation can run through the whole cancer pathway and lead into long term engagement in healthy lifestyle behaviours that support the principles of living well with and beyond cancer.

The term multimodal encompasses unimodal interventions and combinations of interventions.

The WMCA have worked with clinical and non-clinical stakeholders from across the region to produce this document, adapted from the original framework developed by EMCA, Wessex Cancer Alliance and informed by local knowledge and recent strategic updated information on prehabilitation.

This document provides a framework to work within, whilst taking into consideration any variations that might occur due to local organisational commissioning arrangements and pathways. They are a recommendation from the WMCA to support improved access to quality prehabilitation services irrespective of where they live, with the aim of thereby providing and improving treatment outcomes and experience for people with cancer.

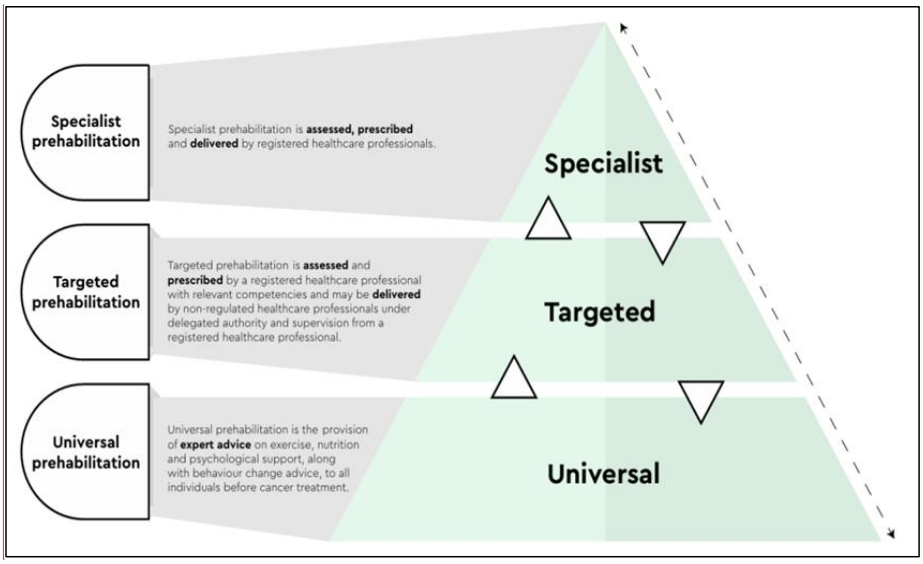
Figure 1: The key principles of prehabilitation identified in Macmillan guidance[2]:

1.	Prehabilitation enables people with cancer to prepare for treatment to maximise resilience to treatment.
2.	Prehabilitation improves long term health and supports people to live life as fully as they can.
3.	People are less vulnerable to the side effects of cancer treatment if they are as healthy as possible, physically and psychologically.
4.	Appropriately targeted interventions aimed at improving physical and/or mental health are safe, accepted and welcomed by people with cancer.
5.	Prehabilitation sits within a broader context of health improvement for people with cancer including smoking and alcohol cessation, medication review and management of long-term conditions.

Prehabilitation is an integral part of Personalised Care delivery as set out in the national comprehensive model:

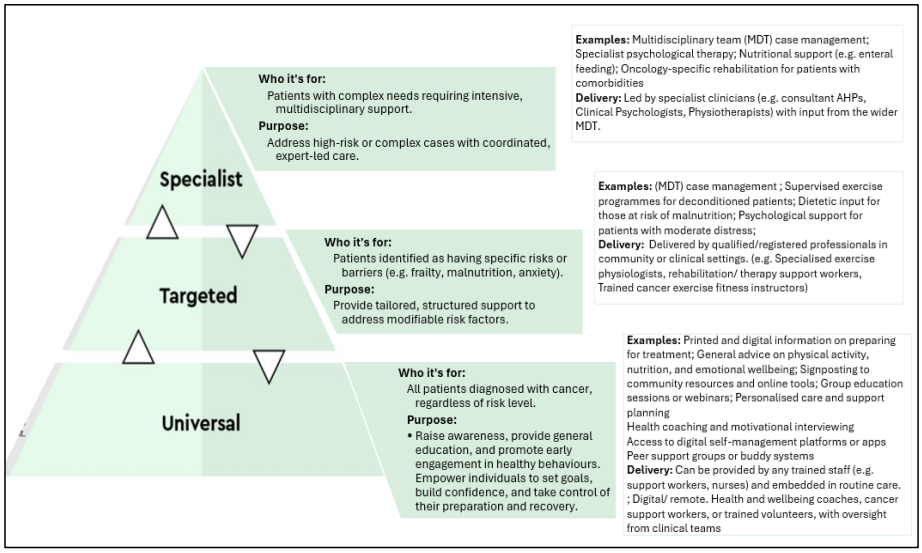
Figure 2: Comprehensive model for personalised care

Commented [LB1]: New triangle image in macmillan slides from webinar 29th July to add in when released.



The clinical team and the person affected by cancer co-design the best form of prehabilitation required. Care is tailored according to the severity and complexity of a person's individual and clinical needs, including their knowledge of the disease, their treatment, and their ability to self-manage

Figure 3



3. Benefits of prehabilitation

Prehabilitation starts at (or potentially even before) cancer diagnosis and the benefits can be seen in as little as two weeks.

Access to prehabilitation gives the person living with cancer the opportunity to:

1.	Maximise physical and psychological resilience to cancer treatments
3.	Be empowered and work with the patient to identify and support positive goals while waiting for and undergoing cancer treatment
4.	Access personalised care
5.	Enhance Quality of Life
6.	Improve long term health behaviours
7.	Reduce postoperative complications
8.	Shorten recovery time
9.	Reduce treatment-based morbidity
10.	Reduce hospital length of stay
11.	Reduce hospital readmissions
12.	Reduce impact of the treatment episode on subsequent health and functional capacity.
13.	Improve care experience by helping the patient with understanding what to expect during and after treatment, how to manage emotions and how to manage fatigue and recover well.

Non-Surgical benefits of Prehabilitation:

Multimodal prehabilitation has been shown to have positive benefits for patients undergoing non-surgical treatments such as chemotherapy, radiotherapy, or immunotherapy. Evidence suggests that prehabilitation can reduce treatment-related deconditioning, improve functional capacity, enhance quality of life and improve rates of treatment completion[11]. Exercise components have demonstrated efficacy in preserving or improving cardiorespiratory fitness and muscle mass during chemotherapy and radiotherapy, supporting treatment tolerance and reducing fatigue.[14] [15] Concurrent nutritional input can mitigate weight loss, combat sarcopenia, and support immune competence—particularly in patients receiving cytotoxic or immune-based therapies[8]. Psychological prehabilitation contributes to reduced emotional distress and improved treatment adherence[13]. The majority of evidence stems from surgical oncology, but small studies from non-surgical settings indicate that multimodal prehabilitation is both feasible and beneficial in this setting, but further research is required.

Benefits for Healthcare Workers and Organisations:

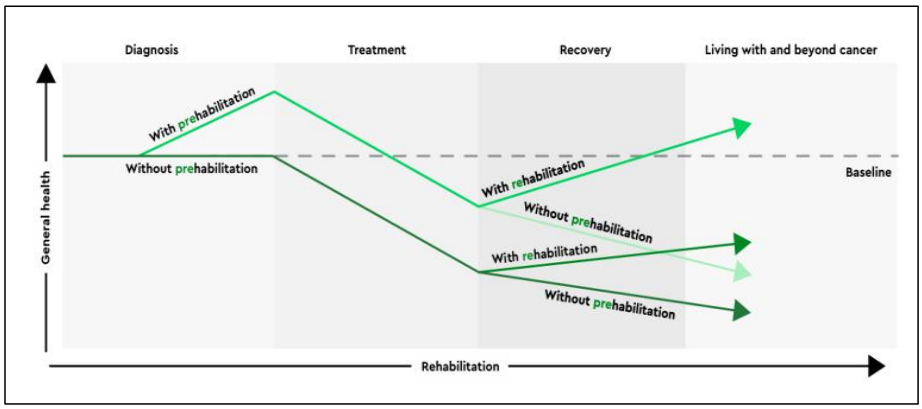
1.	Healthcare organisations will benefit from prehabilitation services, reducing complications which in turn reduce hospital resources such as nutritional support and outpatient appointments.
2.	Reduced overall costs
3.	Healthcare workers are actively involved in the treatment which will inform the patient's resilience to further treatments
4.	Enables the healthcare worker to support the patient and prepare them for treatment on their pathway
5.	Training and shared experience providing opportunity to improve practice with every patient
6.	The opportunity for upskilling and continuing professional development within the workforce
7	Improved professional communication and skills
8.	Aligns with Getting It Right First Time (GIRFT) and public health key messages

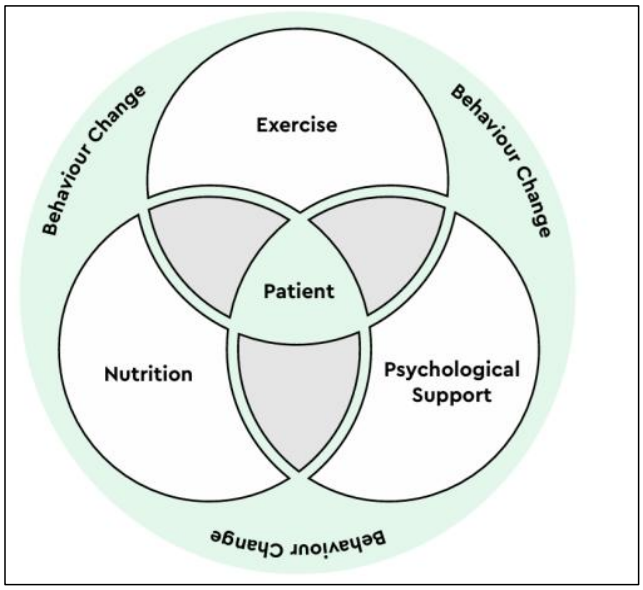
4. The WMCA Prehabilitation Model

The West Midlands Cancer Alliance recommends a multi-modal approach to prehabilitation:

- Physical Activity and Exercise
- Nutrition and Dietary Advice
- Psychological Support

Figure 4: Multi-modal prehabilitation (Macmillan Cancer Support)



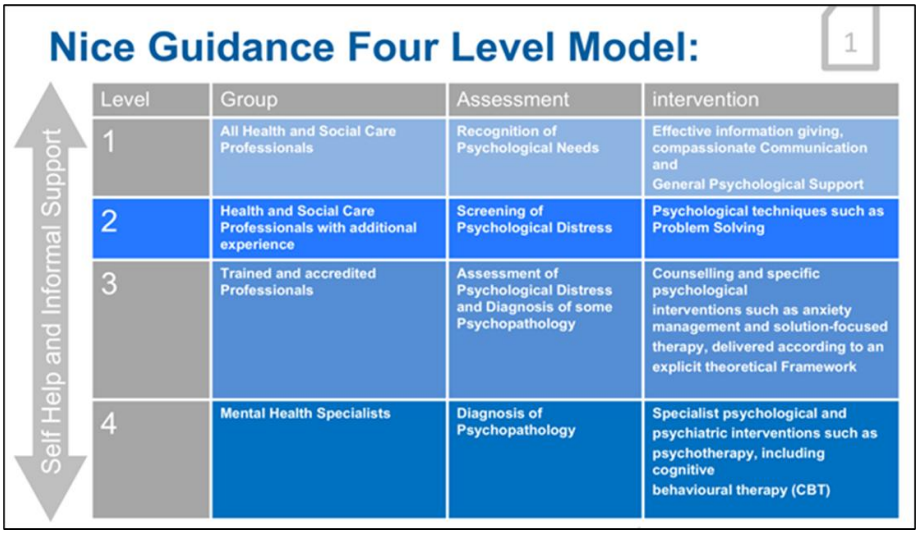


Support should be tailored to each individual's needs.

Prehabilitation can be 'Universal' (appropriate for everyone), 'Targeted' (for people with some additional needs due to specific symptoms or side effects) or 'Specialist' (for people with more complex needs). More detailed descriptors for the indications for and provision of prehabilitation at these levels is outlined by Macmillan and the Royal College of Anaesthetists in 'Prehabilitation for people with cancer'[2]

Prehabilitation is provided using the 4-level workforce model adapted from the psychological support model originally developed for all cancer patients in palliative and end of life care. (NICE Guidance, 2004 Improving supportive and palliative care for adults with cancer 2004)

Figure 5: NICE Guidance, Four Level Model[7]



- Screening and monitoring of universal interventions may be self-managed.
- Assessment and prescription of targeted and specialist interventions should be undertaken by registered health and care professionals, such as Physiotherapists / Occupational Therapist / Psychologists & Dieticians.
- Universal interventions may be self-delivered or supported by any health and care professionals.
- Targeted interventions may be delivered by registered health and care professionals or by unregistered professionals under delegated authority.
- Specialist interventions should be delivered by registered health and care professionals with appropriate specialist knowledge.

Adapted from: Prehabilitation for people with cancer, 2019[2]

5.How could prehabilitation be offered?

The delivery of prehabilitation services will depend on local resource availability, the complexity of the patient and the tier of intervention required. While universal advice and support, with access to community resources, will be suitable for many people, more complex patients will require higher tiers of intervention to achieve the needed health benefits.

People may need to access different levels of intervention intensity for each of the three components of support and this should be adjusted across the individual's treatment journey. This highlights the need for a comprehensive needs assessment by a suitably qualified individual for each person accessing the service.

Collaborating with NHS partners such as Public Health could help identify projects and programmes where lifestyle and exercise are already taking place within the local community.

Digital resources will be useful for some patients but should not be relied upon for whole service delivery to avoid digital exclusion and exacerbating inequalities.

Delivery methods could include:

Exercise

- Healthcare professional led exercise schemes
- Community leisure centres with Level 4 cancer rehabilitation qualified exercise specialists
- Community schemes e.g. 5k your way (Move against Cancer)
- Online support, including apps

Psychological Support

- Talking Therapies services
- Local Mental Health Trust tailored programmes
- Support from exercise groups and professionals
- Support through the Cancer Nurse Specialist
- Local and National Charitable organisations
- Specialist Clinical Health Psychology (risk reducing surgery assessments key to specialist prehab intervention)
- Neuropsychology in the case of patients with brain tumours
- Specialist Counselling Services
- Online support, including apps

Dietetic Advice

- Specialist Dietetic assessment and nutritional support
- Advice on healthy eating and optimising nutritional status and diet quality via group sessions/online resources/written information.
- Online support, including apps

Health Lifestyle Advice

- Behaviour change advice
- Smoking cessation
- Alcohol advice
- Physical Activity

Referrals to the services could be via a variety of routes, for example:

- Self-referral
- Primary care-initiated referral
- Secondary care-initiated referral
- All of the above

Who could provide the services? (Regardless of setting- staff providing prehabilitation should be appropriately trained to deliver exercise, nutrition and psychosocial support)

Community Services

This may include Primary Care

- Community Care Services e.g.
  - Community Trusts, Football Clubs, Local Leisure Centres/Groups
  - Community Health Services

Secondary care

- Local / National charitable organisations
- Mixture of above

Prehabilitation can be offered in a number of settings using a variety of methods. This can be done by face-to-face appointments, online learning, virtual sessions or a mixture of all. The methods chosen needs to be appropriate to the complexity of the patients and the tier of intervention required for clinical effectiveness. For example, community or primary care-based prehabilitation models align well with the NHS 10-year plan in 2025.

6. Patient Experience

Prehabilitation has the potential to improve cancer patient experience by empowering individuals and enhancing their physical and psychological resilience before, during, and after treatment through:

1. Increased sense of control and empowerment
2. Reduced stress and anxiety
3. Improved physical well-being and enhanced recovery
4. Personalised and holistic care

Patient Quotes from Prehabilitation services in the West Midlands:

University Hospital Birmingham, Haematology prehabilitation pilot, patient experience feedback includes:

"I feel the service is highly necessitated, it prepared me for my admission in terms of nutrition, managing my emotion and anxiety levels and the prescribed exercises improved my fitness."

"The service has kept me in shape and prepared me for my treatment. I am more than prepared for my hospital admission and I was able to improve on my health to go for my treatment."

“It was really positive, it is first time I am having such service and I appreciate every bit of it. Thank you.”

University Hospital Coventry & Warwickshire, Deep Inferior Epigastric Perforator (DIEP) classes:

“I now understand that if I am as healthy as I can be before my surgery, I will recover much better.”

“I didn’t know that doing a 20 minute walk each day in preparation for my surgery, would help me with my recovery after my surgery.”

“I am so glad I came to the prehabilitation session before my surgery, now I know how to prepare myself for the recovery and what to expect.”

7. Best Practice

Prehabilitation should be accessible at all points throughout a patient's cancer journey within the West Midlands, the content here is a gold standard and what Trusts should be aiming for.

The standards are presented here under six broad headings:

1.	Provision of Services
2.	Screening
3.	Assessment
4.	Interventions
5.	Liaison
6.	Outcome Measures

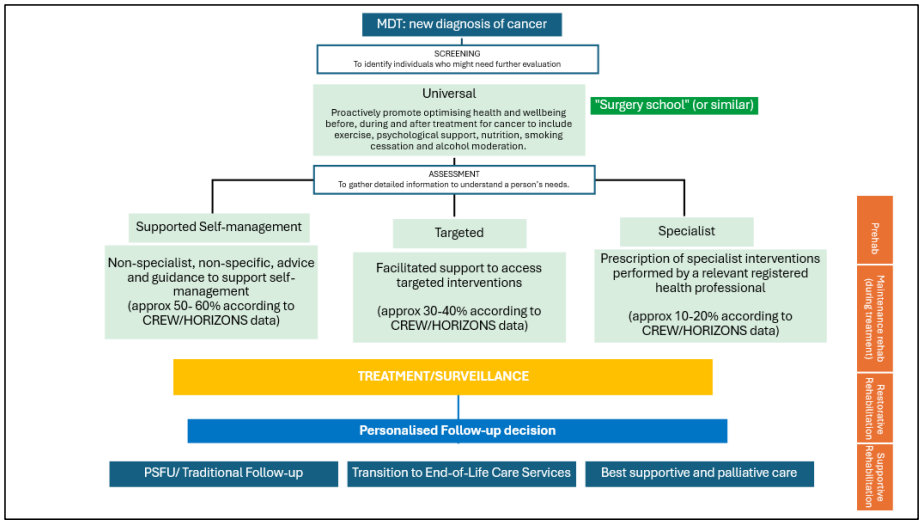
7.1 Provision of Services

Prehabilitation should be provided across the West Midlands for patients preparing for and undergoing cancer treatment

- Prehabilitation should be multi-modal, taking a holistic view of the patient’s needs
- Specialised prehabilitation assessment and intervention should be prioritised for the patients and patient groups with the greatest risk of treatment complications
- Prehabilitation services should facilitate the engagement of patients who would otherwise be excluded from community exercise programmes due to their medical conditions, including the provision of targeted and specialised interventions
- Prehabilitation services should cater for patients across the spectrum of access to digital resources

7.2 Screening, Assessment and Personalised Support

Figure 6: Screening & assessment model (Wessex Cancer Alliance)



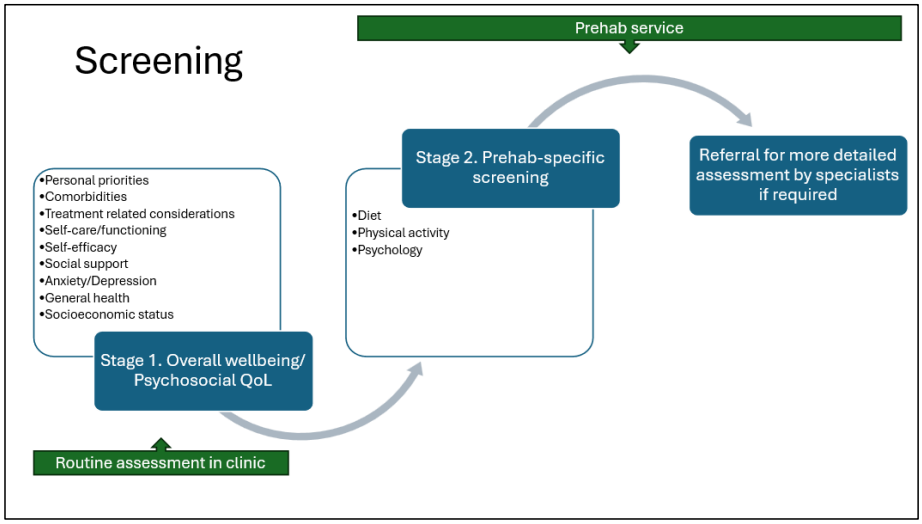
CREW/HORIZONS data refers to the *ColoREctal Wellbeing (CREW) database*, a longitudinal cohort study that tracks recovery of health and wellbeing after primary treatment for colorectal cancer. It is managed through the Horizons Hub at the University of Southampton and is designed to provide insights into long-term survivorship outcomes.

Figure 7

	Recommendations	Quality of evidence	Strength of recommendation
1.	We recommend that prehabilitation is personalised through screening and needs based assessment using validated tools to inform specific health/lifestyle behaviours, behaviour change, nutrition, exercise and psychological support intervention components.	GPP	Strong
2.	We recommend repeat screening to inform needs-based assessment for patients on prolonged oncological pathways or when entering new cancer pathways.	GPP	Strong

MACMILLAN CANCER SUPPORT | NIHR | Southampton Biomedical Research Centre | World Cancer Research Fund International | NIHR | Cancer and Nutrition Collaboration | Centre for Perioperative Care

Figure 8



- Prehabilitation is personalised through screening and needs-based assessment using validated tools to inform specific health/lifestyle behaviours, behaviour change, nutrition, exercise and psychological support intervention components.
- All patients with a cancer diagnosis should be screened using validated tools in terms of:
    - Physical fitness
    - Malnutrition risk.
    - Emotional wellbeing & preparedness (emotionally)
- To determine if they require Targeted or Specialised prehabilitation interventions. People identified as moderate/high risk should be offered a comprehensive holistic prehabilitation assessment.
- Low risk patients should be offered Universal prehabilitation resources.
- Screening, and initial signposting to Universal resources, can be carried out by the cancer care team.
- Screening at risk assessment the beginning of the pathway - to determine whether to refer to universal targeted or specialist services.
- Macmillan recommends repeat screening to inform the needs-based assessment for patients on prolonged oncological pathways or when entering new cancer pathways.

7.3 Assessment

Comprehensive assessment should be undertaken for patients with risk factors on screening. For example, the assessment should align with the area of risk identified during screening. If a patient scores high risk in nutrition, a Dietitian will lead the assessment.

- Patient assessment should be conducted to:
    - co-develop with the individual an individual prehabilitation plan
    - assess the effectiveness of prehabilitation interventions
- The assessment process should ensure safety to exercise through individual professional assessment
    - exercise safety screening tools such as PARQ+ are unlikely to produce a definitive outcome in this patient group
- Patients should be stratified to the most appropriate level of intervention – Specialist, Targeted or Universal – for each domain of intervention

Assessments may include: (may be dependent on treatment options and patient factors)

Area	Gold Standard	Other examples
Medical History, Drug History	• Individualised assessment	• PARQ+
Physical Fitness	• Incremental Shuttle Walk Test (ISWT)	• 6minute walk test (6MWD) • Sit-to-stand 30 / 60 seconds

	• Cardiopulmonary Exercise Testing (CPET) • Dukes Activity Status Index (DASI) • International Physical Activity Questionnaire (IPAQ)	• Step Tests • Grip strength with handheld dynamometer • General Practice Physical Activity Questionnaire (GPPAQ), Godin-Shepherd Leisure Time Physical Activity Questionnaire (GSLTPAQ)
Nutrition	• Patient Generate Subjective Global assessment (PG-SGA) • Global Leadership Initiative on Malnutrition (GLIM) criteria.	• Hand grip strength • Body composition analysis (DXA, CT scans).
Emotional wellbeing		• Hospital Anxiety and Depression Score (HADS) • Distress Thermometer
Frailty		Rockwood Frailty Index
General quality of life	• EQ-5D-5L	• WHO-DAS 2.0 • Short Form 12 or 36 (SF-12 or SF-36)
Patient Reported Experience Measure		• CARE

7.4 Interventions (Targeted/Specialised)

Figure 9: Identifying appropriate interventions based on level of need

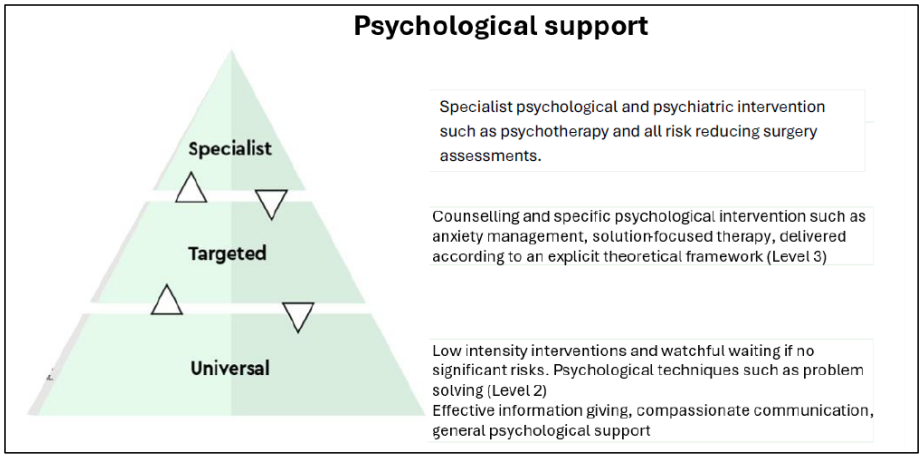
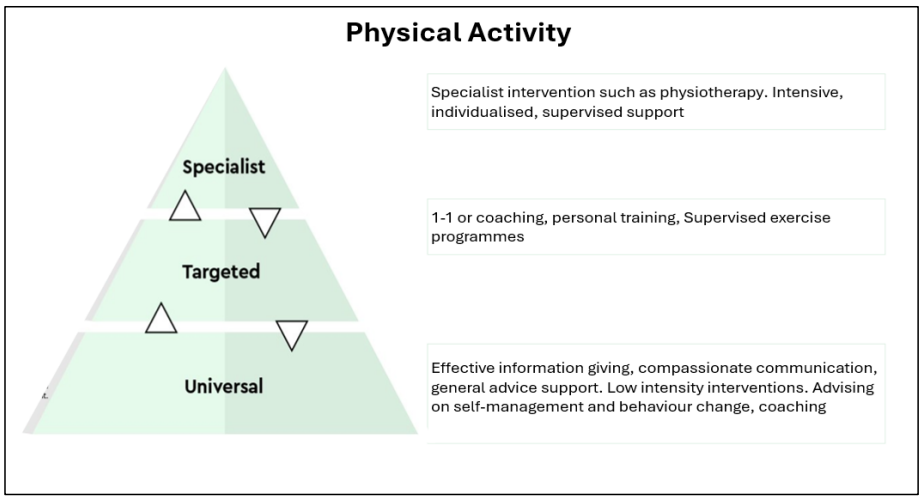


Figure 10



The following recommendations relate to programmes offering targeted/specialised prehabilitation interventions and include the following

Area	Gold Standard	Other examples
Physical Activity Prescription	• Individualised prescription of exercise type and intensity based on an incremental test. • To include cardiovascular and strength exercises • The exercise prescription should be regularly reviewed and progressed • Specialised support should be available to tailor exercise prescription for specific tumour sites and treatment plans	• Exercise prescription without testing • Standard exercise advice Balance and flexibility
Delivery Mechanisms	• Availability of regular face-to-face exercise sessions • Capacity to support home exercise • Availability of digital resources	
Nutrition	• Individualised advice based on nutritional status with regular monitoring • Capacity to make specialist referrals where needed	• Initiating oral nutritional supplements in line with protocols.
Emotional wellbeing	• Individualised support based on emotional status with regular monitoring • Capacity to make specialist referrals where needed	

7.5 Communication

- When a patient commences prehabilitation the clinical team and GP should be informed.
- Any interventions that are received should be recorded on the clinical system and patient records in a timely fashion and should be visible for others.
- If a patient is to receive cancer treatment away from their home county (e.g. at a tertiary centre), the two prehabilitation services should agree which of them is best placed to meet the needs of that patient.

Figure 11: Supporting Neighbourhood Cancer Care

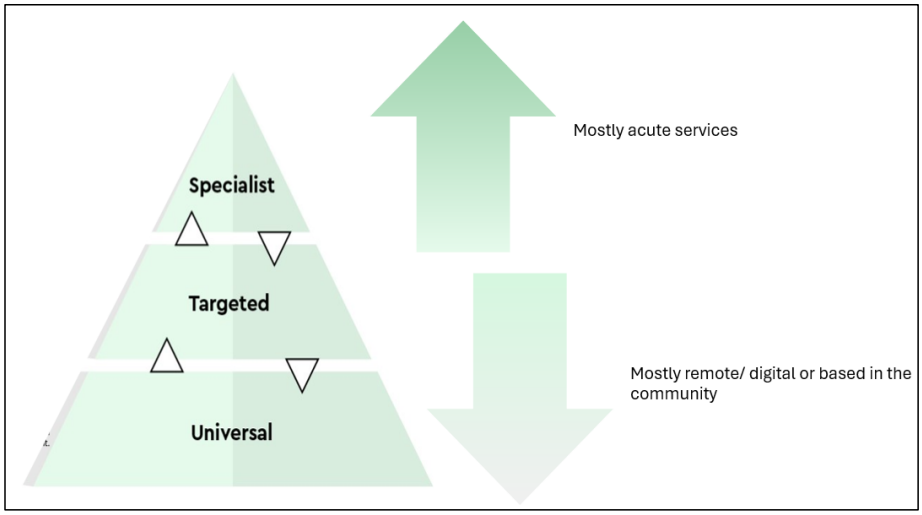
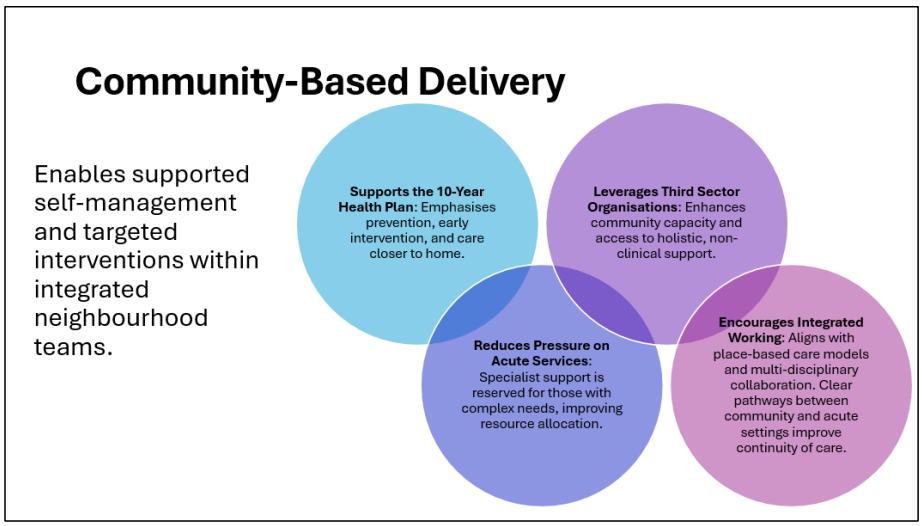


Figure 12



7.6 Outcome Measures

Patient Outcomes

Change in physical fitness, nutritional status, emotional wellbeing etc. over the course of the programme should be recorded, analysed and used to evaluate the effectiveness of the service.

Relevant Cancer treatment outcomes should be recorded.

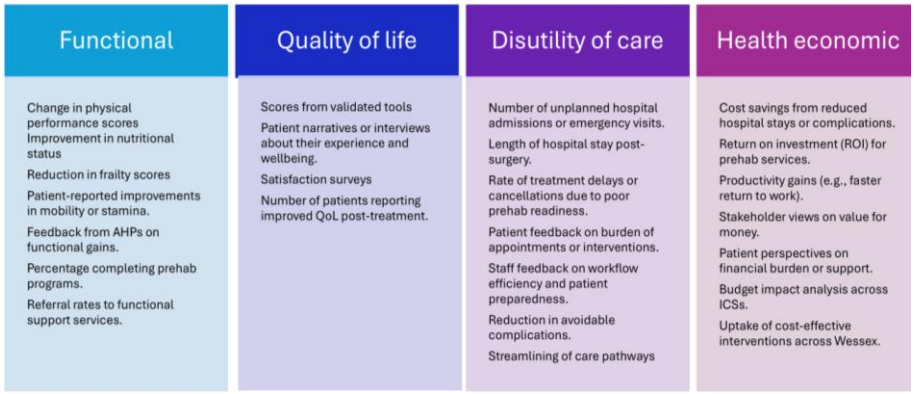
Area	Gold Standard	Other Examples
Completion of cancer treatment	Surgery undertaken as planned Completion of chemotherapy / radiotherapy	
Post-operative complications	Clavien-Dindo Score	POMS Re-operation rate
Healthcare resource use	Days Alive out of hospital 90 (DAOH90)	Hospital / ITU length of stay Readmission rate Community care episodes
Oncology treatment outcomes	Completion of planned treatment	Complications, unplanned admissions, delays to treatment

Post-treatment quality of life	EQ-5D-5L	DASI WHODAS 2.0
Patient feedback	Friends and Family, bespoke engagement with patient	Support group

Service Outcomes

Area	Gold Standard	Other examples
Recruitment	Proportion of patients commencing prehabilitation, analysis of reasons for non-participation	
Retention	Withdrawal rate, analysis of reasons	
Engagement	Proportion of prescribed exercise undertaken analysis of reasons	Number of sessions attended

Figure 13: Examples of measurable data, subjective insights, and overarching system-level metrics



8. Useful Contacts

The WMCA Prehabilitation Steering Group has been established with representation from providers across the West Midlands. This meeting is for service development and to move the prehabilitation agenda forward. To find out more about this of work please contact the West Midlands Cancer Alliance on – rwh-tr.wmcanceralliance@nhs.net

E-learning Modules: PROSPER – Cancer Prehabilitation and Rehabilitation HEE elfh Hub (e-lfh.org.uk)

Macmillan Website:- https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/principles-and-guidance-for-prehabilitation

iPOETTS – International Prehabilitation Society https://ipoetts.org/home

Macmillan Cancer Support Prehabilitation for people with cancer; Clinical and Implementation guidelines 2025
You will find the document on the Prehabilitation resources for healthcare professionals section on| Macmillan Cancer Support website. A link taking you directly to the document is here. This Guidance and other useful resources that can support you in developing improvement plans for Prehabilitation are on the FutureNHS Workspace here.

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10. Appendices

10.1 An independent review of Greater Manchester Prehab4Cancer (P4C)[3]

The evaluation shows that P4C is benefiting patients, providers, and systems:

- Patients are optimised prior to surgery and have long-lasting health benefits following post-operative rehabilitation. This reduces demands on healthcare services throughout the cancer pathway.
- Quality of life and physical activity improvements indicate long-term behaviour change and health improvement, with patients taking control of their care.
- Improvements are seen in both ward and critical care bed day usage resulting in improved elective care capacity and effective use of resources. Additional positive impacts on 30 and 90-day readmission and emergency department admissions have been observed.
- Efficiency improvements to pathways are visible which support delivery of elective care and cancer recovery plans, and achievement of cancer performance standards.
- Evidence that supports improved survival in patients who complete prehab.

The colorectal patients who completed prehab were the largest cohort. Headline results include:

- 1.5-day reduction in hospital length of stay per prehab patient
- 0.4-day reduction in critical care length of stay per prehab patient
- 550 ward bed days ‘released’
- 146 critical care bed days ‘released’
- Bed days ‘released’ from 1000 colorectal prehab patients enable 179 additional patients to access timely surgical pathways.

Bed days 'released’ per prehab patient cover the costs involved in setting up and delivering P4C for a year and this is sustainable on a recurrent basis.

10.2 Appendix A - Sheffield Hallam University

Active Together: Prescribing Exercise to Help People with Cancer Prepare for and Recover from Treatment

Active Together is a pioneering programme designed to help people with cancer prepare for and recover from treatment. It has been designed by the AWRC and is delivered by NHS Trusts across Yorkshire with funding from Yorkshire Cancer Research.

Active Together is an evidence-based service designed to help patients who have cancer better withstand their treatment by providing physical activity, nutritional and psychological support before, during and after treatment. It aims to save lives by

increasing cancer treatment options, reducing side-effects, speeding up recovery and improving long-term health outcomes.

This new approach to cancer treatment offers a combination of support for patients' physical and mental health based on individual needs and treatment.

The service has shown an overall 10% improvement in survival for people with bowel, lung and upper gastrointestinal cancers. Researchers recorded a one-year survival rate of 95% for patients taking part in the programme, compared to 85% for patients who did not. In addition, 97% of patients reported improvements in their health and wellbeing, feeling more empowered and in control of their health.

Dr Kathryn Scott, Chief Executive at Yorkshire Cancer Research, said:

"In recent years, it has become very clear that exercise plays a vital role in improving cancer survival rates, and that physical activity programmes should be prescribed to people with cancer in the same way as other treatments.

Every 17 minutes, someone in Yorkshire is told they have cancer. We believe it is vital that treatment such as this is available to everyone with cancer in this region, and we hope that one day this will be possible as part of standard NHS cancer care.

Together with the pioneering team at Sheffield's Advanced Wellbeing Research Centre, we are taking a huge leap into creating a world-leading programme that can be introduced across Yorkshire and beyond, helping to save many lives."

Following referral to Active Together by their cancer care team, patients are invited to a private appointment where members of the team work with them to establish the best way to provide help and support over the coming weeks.

Together they will develop a bespoke plan which may include physical activity, nutrition and psychological wellbeing support.

Throughout each patient's cancer treatment, the Active Together team will be there to offer phone and email support and will work with the patient to adapt and develop their plan, based on how they are finding their treatment.

Following treatment, patients are invited to a follow up appointment to catch up with the Active Together team and consider how they can best support each individual patient moving forwards.

Following the launch of the service in Sheffield, Active Together has since expanded across South Yorkshire and into West and North Yorkshire meaning thousands more people can benefit from the latest thinking in cancer treatment.

Active Together | Sheffield Hallam University

10.3 Appendix B – Patient Feedback

Patient feedback is an important aspect of the Psychosocial Prehabilitation programme. Some quotes from patients who have used these services are included below:

“Thank you for all your help you are all a great team. I managed to get home yesterday evening 2 days after brain surgery I’m truly amazed after walking in not really knowing if I would be fully functional. I see your job has a massive part for the support and build up to the operation it really helped me. Thank you so much.”

“You and everyone have been fantastic. You have been great and supported me through a very difficult time with surgery and my mum passing away so closely together, you have a lovely manner and the way you speak to people is fantastic, you have helped me so much. I weirdly hope that everyone experiences this to see how fantastic the NHS truly is.”

“You are wonderful and a huge credit to the team. I wouldn't have gone through with the surgery if it weren't for you.”

“Thank you for your support through my surgeries, I don’t feel I would have been able to get through it without your help. I am still using the anxiety management skills you taught me and they are keeping my anxiety under control”