



Wessex
Cancer Alliance

Prehabilitation and rehabilitation in primary care

Wessex Cancer Alliance –
Hampshire and Isle of Wight Primary Care Conference
28th November 2023

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WCA

Definitions

Prehabilitation:

- prepares people for **cancer treatment by optimising their physical and mental health through needs based prescribing of exercise, nutrition, and psychological interventions.**
- ‘a continuum to rehabilitation’

‘You wouldn’t run a marathon without training.’

Rehabilitation:

- enables patients to make the most of their lives by maximising the outcomes of their treatment and minimising the consequences of treatment and symptoms such as fatigue, breathlessness, lymphoedema and others symptoms
- helps patients get well and stay well and addresses the practical problems caused by the disease and treatment
- helps patients become as independent as possible and minimise the impact on carers and support services.





Benefits of prehabilitation and rehabilitation to patients and care givers

- ✓ Personal empowerment
- ✓ Physical and psychological resilience
- ✓ Long-term health





The purpose of prehabilitation in cancer



It empowers people with cancer to enhance their own physical and mental health and well-being and thereby supports them to live life as fully as they can.



Benefits can be seen in as little as 2 weeks.



It is part of a continuum to rehabilitation.



It enables people with cancer to prepare for treatment by promoting healthy behaviours and through individualised needs-based prescribing of exercise, nutrition and psychological interventions.

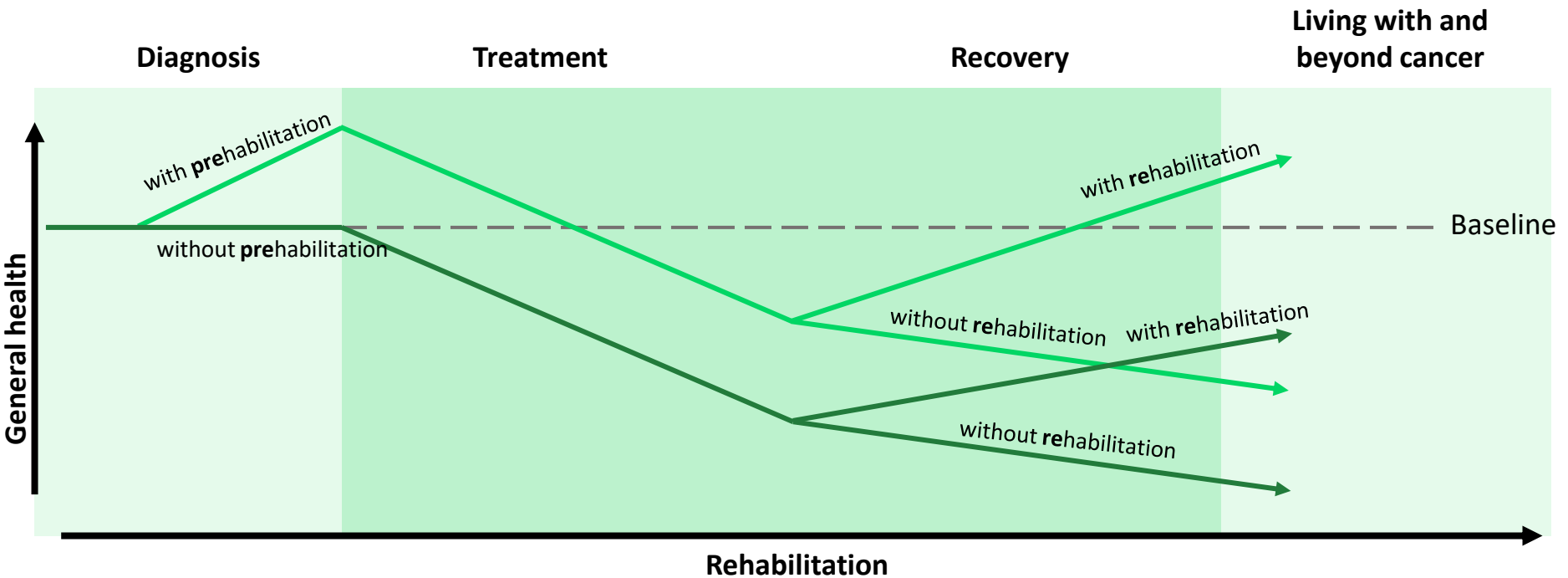


Prehabilitation for people with cancer can:

- Reduce length of stay
- Enhance recovery following treatment
- Reduce post-treatment complications
- Provide a teachable moment to enable smoking and alcohol cessation
- Improve cardiorespiratory fitness
- Improve nutritional status
- Improve aspects of neuro-cognitive function
- Enhance quality of life



Improving cancer care before treatment even starts



Source: Macmillan Cancer Support



Preventative

Prehabilitation includes screening, assessment and, where appropriate, the development of a personalised prehabilitation care plan (PPCP) as part of an overall care plan.

This includes exercise, nutrition and psychological support interventions based on need, with continual monitoring and evaluation. The patient may go through this state several times in preparation for different treatments.

Restorative

Prehabilitation can significantly improve the patient's ability to cope with effects of treatment of all kinds, including surgery, chemotherapy, radiotherapy, immunotherapy and treatment for palliative care.

People with treatable but not curable cancer may also benefit. It can help reduce the amount of time spent in hospital and lead to a better quality of life.

Following treatment, the focus is restorative. Ideally, the patient will have an outcome assessment and will continue smoothly into rehabilitation and beyond.

Supportive / Palliative

At this stage, we continue to reinforce the core principles of the programme, with health and wellbeing activities and cancer care reviews.

The patient can enjoy lifelong benefits from behaviours learned earlier. If there is further treatment, the patient goes through the cycle again.

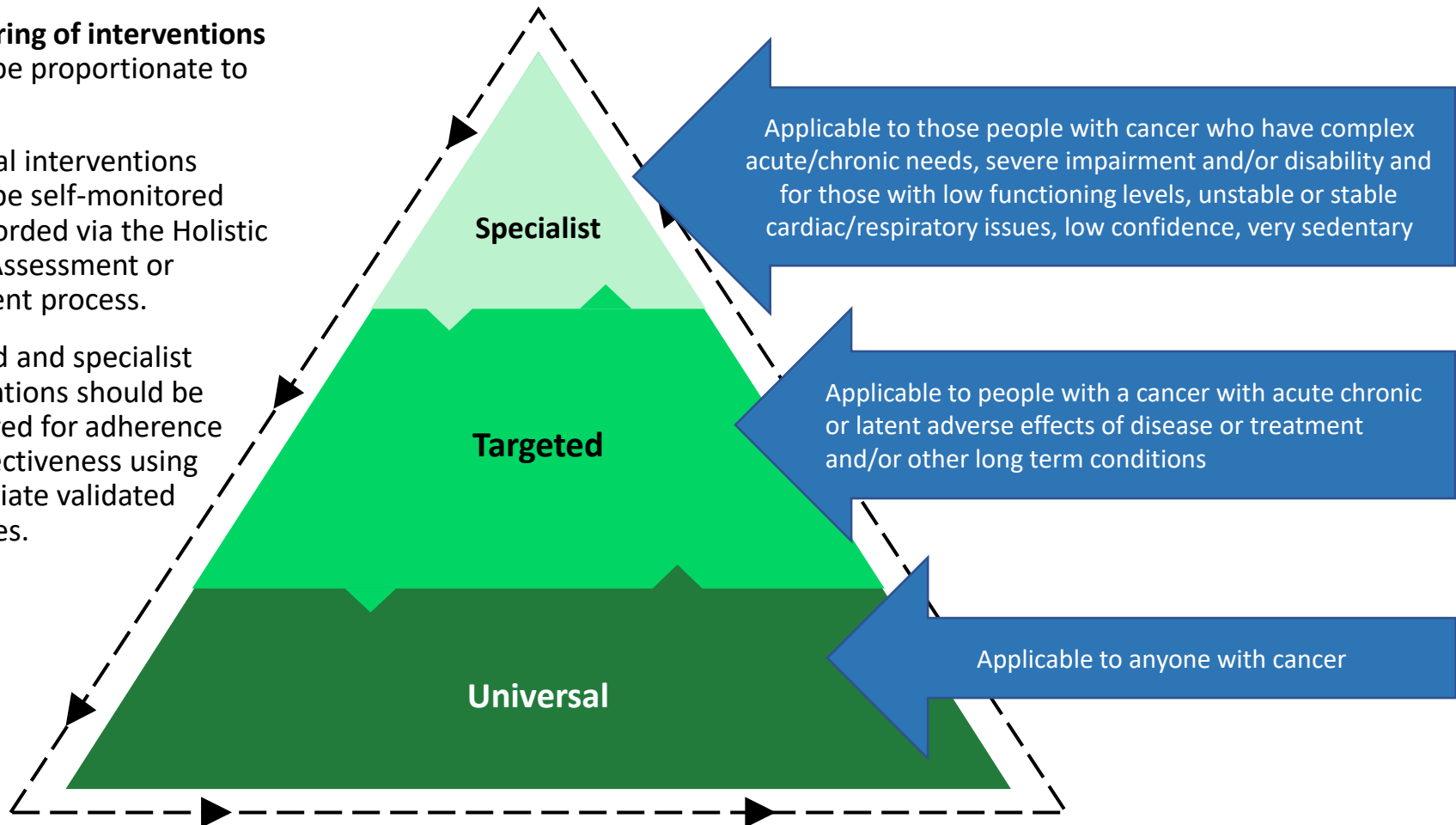


Prehabilitation interventions

Monitoring of interventions should be proportionate to need.

Universal interventions should be self-monitored and recorded via the Holistic Needs Assessment or equivalent process.

Targeted and specialist interventions should be monitored for adherence and effectiveness using appropriate validated measures.





Universal support

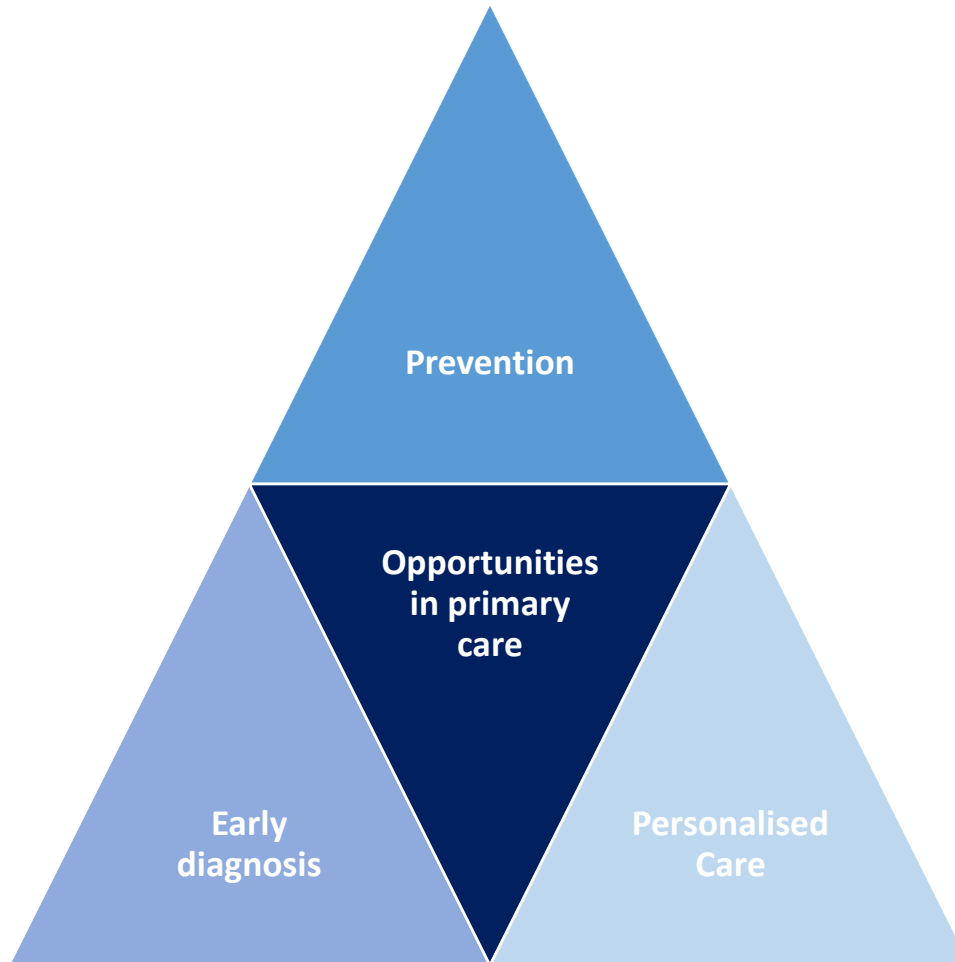


Universal interventions are appropriate for anyone with cancer and include the promotion of healthy lifestyles in people with cancer. This will include:

- Healthy eating
- Being physically active and physically fit
- Keeping to a healthy weight
- Improving mental health and wellbeing
- Smoking cessation
- Drinking alcohol only within recommended limits
- Behaviour change support

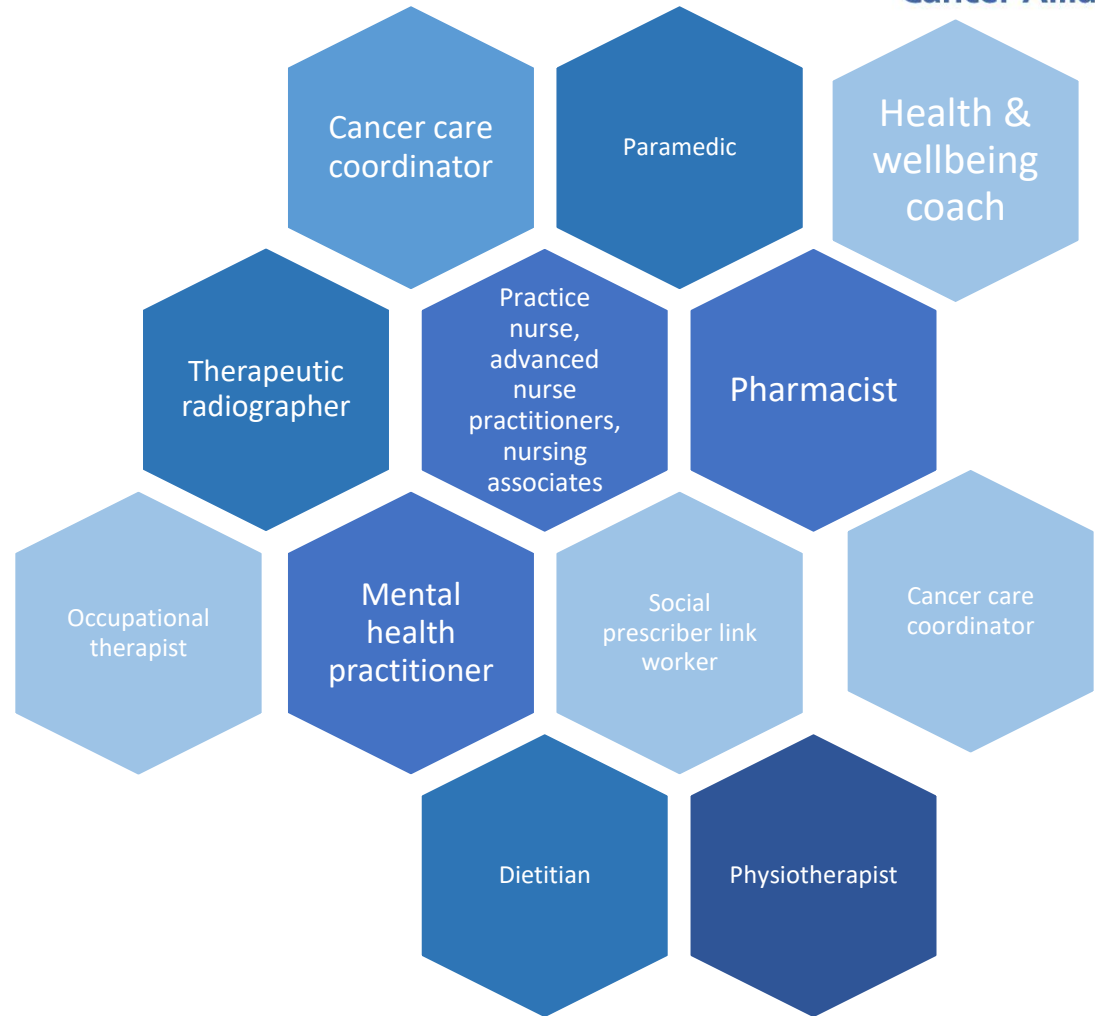
Most universal support, such as the provision of health and wellbeing support and advice to empower and enable self-management, is delivered to some degree by the NHS as well as by the third sector and voluntary organisations and through website resources.

Primary care has a critical role in supporting people with universal support and advice.





Roles in primary care that can support prehabilitation and rehabilitation in cancer





Case study



- 64-year-old military veteran diagnosed with Renal Cancer in 2020. This was diagnosed secondary to a pulmonary embolus, which he experienced when serving in the RAF. The primary treatment was a nephrectomy in 2020.
- In 2022, he was diagnosed with lung metastases, which were treated with radiotherapy. Unfortunately, he was diagnosed with bone metastases in May 2023 and had a total right elbow replacement in June 2023. He has pathological fractures in his left leg with a full plaster, meaning he is currently wheelchair dependant. Ongoing treatment to control the symptoms is with immunotherapy – avelumab and axitinib with palliative intent. So, to date, he has had four lines of anti-cancer treatment: surgery, radiotherapy, surgery and immunotherapy.
- He has required support from the Community Therapy Team to support adaptations in the home to maintain his mobility and independence. Primary Care has initiated Advance Care Planning. A DNACPR is in place, and an application for DS1500 has been submitted. His wife has LPA for Finance and Property and now for Health and Welfare. He has not yet written a Will but has been advised to do so. A referral to the Specialist Palliative Care Team has been made 64-year-old.



Case study

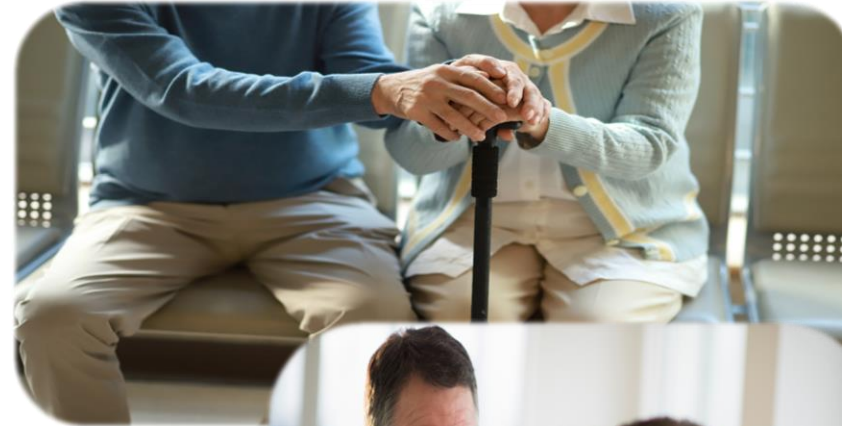
- His family are the most important people in his life. He has four daughters and two grandchildren.
- A good day would be walking the hills in Scotland with them. When he's having a bad day, it's made better by his wife asking him to dance and the grandchildren visiting.
- He and his wife have lived in their house for 40 years, but the current mortgage is 'interest only', so there is uncertainty of whether they will have to sell the house, as his wife will not be able to afford the repayments when he no longer brings in a full wage and in the longer-term may not have a roof over her head. He is currently on full sick pay, but this will reduce to half pay next month for six months and then cease. He has been referred to the Macmillan Support Line to investigate what benefits he may be entitled to and financial advice related to their housing/financial situation.



Table discussion

What prehabilitation and rehabilitation support could be provided in primary care for this person?

Who could provide prehabilitation and rehabilitation?





Any questions?

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Please visit our Wessex Cancer Alliance webpage for more information on our current work