Healthier Scotland
Scottish Government

Key Principles for Implementing Cancer Prehabilitation across Scotland

April 2022

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The following 'Key Principles for Implementing Cancer Prehabilitation across Scotland' are based on those set out within 'Principles and guidance for prehabilitation within the management and support of people with cancer' (Macmillan, RCOA, NIHR, 2020). The intention is that this shorter version will provide a basic standard, supporting the development and adoption of prehabilitation within Scotland. However, any principles included in the original comprehensive document which are not visible here remain important, and service providers should be cognisant of them and the wider context in which prehabilitation is delivered.

As the Macmillan, RCOA and NIHR guidance sets out, 'optimisation of general health status including management of long-term conditions, smoking cessation, alcohol reduction, as well as the management of transitions of care fall out with the scope of this document'. That said, prehabilitation should be a person-centred initiative which enables personal empowerment, resilience and an improvement in long-term health. Thus, prehabilitation should be developed with the principles of Realistic Medicine at its heart, it should complement initiatives such as Transforming Cancer Care which aims to build on the Macmillan Recovery Package and embed holistic personalised care and support planning in cancer services. It should also include signposting towards services such as smoking cessation, and drug/alcohol services should be considered as part of any prehabilitation intervention. Finally, prehabilitation should be delivered as part of the rehabilitation continuum.

Forthcoming outputs from Scotland's Cancer Prehabilitation Implementation Steering Group and its associated subgroups (Digital, Nutrition, Psychological Support and Well-being) should further support the implementation of cancer prehabilitation across Scotland and reduce unwarranted variation. These outputs will include digital resources for staff and people affected by cancer,

Summary of Key Principles:

1. Prehabilitation should start as early as possible and in advance of any cancer treatment
2. Prehabilitation should run in parallel with usual decision making processes so it does not have an adverse effect on cancer waiting times nor delay the start of treatment
3. Prehabilitation should be part of the rehabilitation continuum
4. Prehabilitation should be multi-modal including exercise/activity, nutrition and psychological support
5. All patients should be screened to determine the level of prehabilitation required (universal, targeted, specialist)
6. Completion of prehabilitation screening should be recorded at MDT alongside performance status
7. Targeted and specialist interventions demand the use of validated tools for individualised assessment, care planning and outcomes measurement
8. All patients should have a co-produced personalised prehabilitation care plan

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Timing and Components

Prehabilitation, as a component of rehabilitation, should underpin the whole cancer pathway and is an approach we seek for all people with cancer. Prehabilitation, specifically including exercise/activity, nutrition and psychological support, should be integral to the care of all people with a cancer diagnosis, with the aim of improving quality of life, maximising treatment rates and minimising side effects of treatment.

Prehabilitation should run in parallel with usual decision making processes so it does not have an adverse effect on cancer waiting times. It should not delay the start of treatment. Should a person be deemed unfit for treatment because of physical or psychological wellbeing, specialist prehabilitation should be immediately considered.

Process

The cancer MDT should have representation from/or access to those delivering prehabilitation, providing oversight of the prehabilitation needs of the person and ensuring prehabilitation is fully considered/implemented. Completed prehabilitation screening should be recorded at the MDT alongside performance status.

Personalised prehabilitation care plans (PPCP), co-produced as part of a person's wider care plan, should be completed and encompass:

- nutrition, physical and psychological screening for all people with cancer to identify need for more detailed assessment,
- relevance of smoking cessation, drug/alcohol services and brief interventions
- an individualised intervention prescription based on the screening, assessment and on-going support needs
- adherence and impact

Screening

Identification of prehabilitation need (i.e. screening) should occur as early as possible after diagnosis and in advance of each treatment. Where appropriate screening may precede a confirmed diagnosis.

Screening should be aligned to the Holistic Needs Assessment (HNA) and should include psychological risk factors, physical fitness and nutrition risk factors (weight loss, intake, body mass index and nutrition impact symptoms). Early symptom control may also be required to maximise the potential for prehabilitation. When need is identified, validated tools should be used for more detailed assessment; this will inform the prescription of targeted or specialist interventions.

Assessment

Individualised assessment, when indicated, should encompass comprehensive evaluation of needs identified during screening using validated clinical measurement techniques. Assessments should inform the individualised prescription of exercise/activity, nutrition and psychological interventions.

Intervention

Required interventions should be categorised into universal, targeted and specialist. They should start as early as possible and in advance of any cancer treatment (not just the first cancer treatment) for curative or palliative intent.

Universal interventions

Universal interventions are applicable to anyone with cancer. People with cancer and their supporters, should receive individually tailored dietary, exercise/activity and psychological advice and behaviour change support, be sign-posted to appropriate resources, and be advised on how to self-manage, recognise and respond to any change in physical and/or psychological state. People with cancer receiving targeted and specialist interventions in particular areas will also require advice, support and signposting in areas where they are not receiving targeted/ specialist interventions.

Targeted interventions

Targeted interventions are applicable to those people with cancer who are at risk of early and late effects of disease or treatment, and those with other long-term conditions. Specific needs identified during screening should be addressed with prescribed exercise/activity, nutrition and psychological interventions and behaviour change support by a registered health and care professional according to need. Adherence and effectiveness should be monitored.

Specialist interventions

Specialist interventions are applicable to people with cancer who have complex needs, complex treatment e.g. major surgery, severe impairment and/or disability and will need referral to registered professionals to prescribe exercise/activity, nutrition and psychological interventions and behaviour change support according to need. Adherence and effectiveness should be monitored.

Monitoring and evaluation

Monitoring of interventions should be proportionate to need. Universal interventions should be self-monitored and recorded via the HNA or equivalent process. The impact of targeted and specialist interventions should be monitored using appropriate validated measures. Where possible, the outcome of those measures should be recorded electronically and reported to inform service development and the wider evidence base for prehabilitation.