

Share your Fab Stuff!

2020 has been tough for health and social care. We want to make sure your fantastic work from the last year is celebrated, and that the learning isn't forgotten.

We've drafted this template to help you structure your story. It's designed to help others put your learning into practice. Try and complete every field if you can, but *don't worry if you can't*. When you have completed the template, please upload it, together with any attachments, to <https://fabnhsstuff.net/login?ral=https://fabnhsstuff.net/upload-your-fab-stuff>

Title of innovation / initiative

- *Summarise your innovation / initiative – try to make it engaging!*
Breaking Geographical Barriers through Digitalisation of Prehabilitation

Problem

- *Please clearly and concisely describe the problem that you were trying to solve.*

As for many healthcare services within the UK, cancer services were hit with an uninvited, and what was initially, an uncontrollable need to restrict patient access into healthcare services due to the growing transmission of COVID-19 within the population. Bearing this in mind, traditional healthcare settings, such as hospitals, primary care, and outreach community settings limited face-to-face services, and as a result, many methods of treatment/care/support were either put on hold, or delayed until a point when such services were safe to resume. Although it was essential to restrict the susceptibility of catching COVID-19 to those most vulnerable to severe complications, it is also imperative to continue our efforts that help prevent cancer-related morbidity and mortality, particularly during a period of prolonged isolation which has the potential to limit engagement in physical activity and healthy eating habits, whilst also adversely affecting mental health. The outcomes of cancer treatment can be positively impacted by careful patient optimisation. Traditionally, prehabilitation was delivered face-to-face (F2F) in a hospital and provided a vital checkpoint to optimise patients' peri-operative functional status. However, the COVID-19 pandemic has limited F2F consultations, delayed cancer treatment in some patients and additional shielding recommendations have limited patients' physical activities.

Aim

- *What were you trying to achieve? Try and make it specific - how much and by when?*

Adapting and developing techniques that integrate technology alongside traditional care, that in turn help provide the most optimal care and support for patients, is our the upmost priority. Health services should endeavour to push patient-centred approaches, and considering the uncertainty that COVID-19 and the outbreak of other novel viruses has brought towards face-to-face service delivery, now would be a wasted opportunity to not develop efficient and impactful approaches to the digitalisation of health services.

We wanted, at the same time to address the feedback from our patient steering group- about the post code lottery in Kent with Prehabilitation being limited to one area and requests to demedicalise healthy living and offer Prehabilitation in collaboration with community and public health bodies.

Plan

- *What did you do and how did you do it?*

- *What were the key steps / actions you took and changes you made?*
- *Did you use any improvement methodology or tools?*

In response to the COVID-19 pandemic, the Kent and Medway Prehabilitation Programme (KMPP) team developed a strictly remote prehabilitation programme following the outcomes of a Delphi consensus via Twitter. Clinical and exercise physiologist experts supported an overwhelming need to adapt Prehabilitation throughout the period of lockdown, rationalising the benefits of a remote service. The adapted multimodal intervention, consisting of varied physical exercise support, nutritional supplementation, smoking cessation, and counselling, offered the potential to continue the physical and psychosocial support that is required prior to and during cancer treatment.

An aim of the adaptation and growth of the service is to break down geographical barriers and allow equity of access along with flexibility for cancer patients to have supervised exercise from the comfort of their home.

Rapid operational guidance was developed in collaboration with Public Health Team at Medway Council.

Virtual prehabilitation, a combination of tele and video-calling, was launched at the beginning of the pandemic to continue the benefits of prehabilitation.

Intervention

Patients had an initial telephone consultation with our physiologist and were screened for modifiable risk factors. A personalised prehabilitation programme was designed for each patient; specific interventions were prescribed according to the risk factors identified at the screening assessment. The prehabilitation programme consisted of 4 key interventions for each patient: home-based exercise, nutritional advice, promotion of healthier lifestyles and psychosocial support. If required and agreed by the patient, they were referred to a wellbeing navigation team for further support (i.e. application for benefits and attendance allowance, care support, dog walking services, access to food bank, peer-support calls)

The programme was delivered via different modalities of communication (telephone calls, video chats, on-line resources, traditional post) to adapt to the context and personal circumstances of the participants. Exercises were pre-recorded by our exercise physiologist and delivered in a video-format. Participants was contacted twice a week by members of our prehabilitation team to improve adherence, to check on their compliance and to provide regular support. All participants underwent prehabilitation in the weeks leading up to the date of their cancer treatment (a minimum of 4 weeks).

Benefits

- *What were the benefits of the innovation / initiative for patient experience, staff satisfaction, health outcomes and costs?*

As a consequence of this innovative approach, patients could benefit from having a tailored multifaceted prehabilitation programme delivered to the safe environment of their home, during the challenging time of the lockdown due to COVID-19. The frequent contact with patients, made their cancer journey less weary, as they could take active part in the process. Patients who benefit the most are those older adults who unfortunately, despite having relative, would live on their own and could not interact with them due to social isolation.

The flexibility of the delivery allowed patients to engage in the most comfortable way for them, from using traditional phone calls, to texting over WhatsApp or via video call on Zoom/Microsoft Teams/WhatsApp. Those patients working full-time, who would have not been able to attend a face-to-

face intervention, could also benefit from the programme as contact could be made at the times that best suited them. Furthermore, calls would vary in length (in some occasions up to 1 hour) to accommodate to the needs of the individual.

- *If you can quantify the improvement or savings please also include numbers – this can help others produce a business case. If you have patient or colleague quotes, you can also include these here.*

Measures

- Please share any measures that you used to discover if your initiative resulted in an improvement. We are conducting formal evaluation of psychosocial impact of the service as patients are coming up to 3 months post Prehabilitation.

In term of breaking Geographical barriers- We have to date (09/09/2020) received 65 referrals pan county (for the remote service) as compared to limitation to the area of Medway in the F2F service. We have the compliance rate of 98%.

Anecdotal feedback from patients has been brilliant (vide proofs attached- patients consented for use)

Demographics:

Total patients: 65

Average age: 69

% per speciality:

Breast: 5

Colorectal: 72

Lung: 6

Urology:17

% per gender.

Male: 53

Female: 47

% per ethnic group:

Black African: 2

Black Caribbean: 4

White: 4

White British: 90

Resources / team

- *What did you need to make the change (equipment, budget etc)?*
The use of phones and vide calls was approved by IG team. We needed to build a website to allow healthcare professionals ease of referrals. We
- *Who was involved in making the change – did you involve patients and carers?*
We have patient steering group that we get guidance and direction from and there was universal agreement.
The Kent and Medway Cancer Alliance (who are supported by NHSE and I) along with Public Health Team at the local Council) helped adaptation and hosting of services. A true system wide effort
- *Did you use evidence or build on ideas from other trusts or organisations?*
We exchanged ideas from other Prehab models as the project progressed. Kent and Medway Prehab Team participates in pan London Virtual Prehab Group meetings.

Key learning

- *What have you learnt from this project?*
- *What would you do differently if you did it again? What would you do the same?*
- Involvement of Primary Care Colleagues is crucial to the success of any health care initiative- whether its base is in Secondary or Community care. We are and plan to conduct many consultations and engagement exercises County wide to use their excellent patient relationships and knowledge base to help maintain our a true integrated and streamlined pathway of optimisation for our patients.

Tips for others

- *Who else can benefit from this work?*
- *What advice would you give to others doing the same thing?*
- Cancer Prehabilitation model can be adapted to Diabetes and Frailty management.
- We would strongly advise health care practitioners to look for collaboration and cooperation amongst the many bodies that sit under the umbrella of health and social care. Solutions found within the system are most sustainable.

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Date of innovation / initiative:March
2020.....

Do you have any attachments?

- "A picture is worth a thousand words". Are there any photos or graphics that could help bring your story to life? Yes – we shall upload patient videos and comments.
- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.