**Name of your NHS Trust / Local Health Board / Health and Social Care Trust:**

**The Walton Centre NHS Trust**

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1. Does your organisation offer patients a prehabilitation programme?

Yes *(go to question 2)*

No

Are you planning to set up a prehabilitation programme in the next 12 months in your organisation?

Yes (*no further questions to complete*)

No (*no further questions to complete*)  
 Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For how long has your prehabilitation programme been running?

<1 year  
 1-3 years  
 >3 years

1. Please provide the name and contact details of your organisation’s prehabilitation lead/s (enter more than one name, email address and telephone number if necessary):

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The prehabilitation programme is being offered to patients undergoing:

*Please tick all that apply.*

Orthopaedic surgery

Cardiac surgery

Thoracic surgery

Vascular surgery

Gastro-oesophageal surgery

Hepatobiliary surgery

Colorectal surgery

Urological surgery

Gynaecological surgery

Chemotherapy

Radiotherapy

Other (*please specify*)­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For surgical specialties that involve **cancer** and **benign disease**, prehabilitation is offered to:

*Please tick all that apply.*

Cancer patients only

Cancer and non-cancer patients

Not applicable

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What does your prehabilitation programme include and where / how is it delivered?

*Please tick all that apply.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | In hospital | In community | Refer  to GP | Phone or video sessions | Online live group sessions | Resources provided for self-delivery | Other mode of delivery (e.g. via an interactive App) | Not included in programme |
| Exercise |  |  |  |  |  |  |  |  |
| Respiratory exercises |  |  |  |  |  |  |  |  |
| Incentive spirometry |  |  |  |  |  |  |  |  |
| Nutrition advice |  |  |  |  |  |  |  |  |
| Oral nutritional supplements |  |  |  |  |  |  |  |  |
| Smoking cessation advice |  |  |  |  |  |  |  |  |
| Alcohol cessation advice |  |  |  |  |  |  |  |  |
| Psychological support |  |  |  |  |  |  |  |  |
| Medical optimization of co-morbidity (e.g., diabetes, cardiovascular disease, anaemia) |  |  |  |  |  |  |  |  |
| Education (to improve patient knowledge, self-efficacy and resilience) |  |  |  |  |  |  |  |  |
| Other component |  |  |  |  |  |  |  |  |

If Other component or Other mode of delivery please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the delivery of your prehabilitation programme changed due to the COVID-19 pandemic?

Yes

No

*If yes, please state how*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following clinical specialties are involved in delivering your prehabilitation programme?  
   *Please tick all that apply.*

Anaesthetists

Surgeons

Clinical nurse specialists

Dietitians

Physiotherapists

Exercise instructors

Occupational therapists

Rehabilitation/therapy support staff

Clinical psychologists

None of the above  
 Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following risk factors are patients screened for before starting prehabilitation?

*Please tick all that apply.*

Physical fitness (e.g., CPET testing / incremental shuttle walk test)

Nutrition (e.g., weight loss, poor food intake, body mass index)

Psychological risk factors (e.g., anxiety, depression)  
 Co-morbidities

Smoking/ alcohol intake

None of the above

Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At which point in the treatment pathway are patients referred to your prehabilitation programme?

*Please tick all that apply.*

Pre-operative assessment

Outpatient appointment following the MDT

Other (*please specify*) ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_­­­­­­­­­\_\_­­­­­­­\_\_\_\_

1. Do you collect any of the following as part of a service audit, quality assurance or improvement framework?

*Please tick all that apply.*

Clinical outcome data (e.g., mortality, complications, length of hospital / intensive care stay, readmission to hospital, etc.)

Patient-reported outcome data (e.g., patient satisfaction, quality of life, etc.)

Adherence to the prehabilitation programme  
 The service is not currently audited  
 Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you use any of the following to assess patient adherence / engagement with the prehabilitation programme?  
   *Please tick all that apply.*

Patient diaries

Regular communication via email or telephone, or an app or video consultation

Patient attends the hospital regularly during the programme

We do not currently collect patient adherence data

Other (*please describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who funds your organisation’s prehabilitation service?

*Please tick all that apply.*

Commissioned service

Charity (e.g., Macmillan)

Part of a research study

The service is not funded as a prehabilitation service

Other (*please describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Thank you for completing this survey. Please leave any other comments below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\* **Thank you for taking the time to complete this request** \*\*\*\*\*\*\*\*\*\*\*\*\*\*