

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

Portsmouth Hospitals University NHS Trust

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: _____

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

- <1 year
 1-3 years
 >3 years

3. 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: Dr Sarah Marstin POM lead, Sr Charly Bellis POM nurse specialist
Email address: sarah.marstin@porthosp.nhs.uk, charlotte.bellis@porthosp.nhs.uk
Telephone number: 02392 286298

4. 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*)_ad hoc head and neck, joint school for arthroplasty patients

5. 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: _____

6. 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respiratory exercises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Incentive spirometry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nutrition advice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral nutritional supplements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol cessation advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical optimization of co-morbidity (e.g., diabetes, cardiovascular disease, anaemia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education (to improve patient knowledge, self-efficacy and resilience)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other component	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other component or Other mode of delivery please specify:

Most information delivered at Surgery School – 2 hour F2F group education session for elective surgical patients

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

- Yes
- No

If yes, please state how: Group sessions have less participants, some telephone consultations due to limited time and capacity to attend F2F Surgery School, Surgery School location has had

to change several times to accommodate vaccine hub. Developing an online resource which is nearly ready to launch to compliment F2F and telephone appts.

8. 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*) retired nurse volunteer, yoga teacher to deliver relaxation session
Input to presentation from all healthcare groups above but delivery of the session is by a smaller group to reduce staffing costs

9. 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*) invitation for surgery School sent to all patients having major surgery in key specialties

10. 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*) via surgeons, nurse practitioners and anaesthetic clinic

11. 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*) _____

12. 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*) patient diaries not collated - for their personal use only

13. 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*) first 2 years funded by Macmillan, now funded by anaesthetic

department

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

***** **THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REQUEST** *****