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

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** \*\*\*\*\*\*\*\*\*\*\*\*\*\*