

**Freedom of Information Act 2000 - Request Reference Fol/21/585**  
**Prehabilitation Service**

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

Cardiff and Vale University Health Board \_\_\_\_\_

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: \_\_\_\_\_

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

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

After considering your request, the UHB believes that the data requested is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

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) \_\_\_\_\_

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory exercises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incentive spirometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral nutritional supplements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol cessation advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other component	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other component or other mode of delivery please specify:

Inspiratory Muscle Training \_\_\_\_\_

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

- ☐ Yes  
☒ No

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

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

- ☒ Anesthetists  
☒ Surgeons  
☒ Clinical nurse specialists  
☒ Dietitians  
☒ Physiotherapists  
☐ Exercise instructors  
☒ Occupational therapists  
☒ Rehabilitation/therapy support staff  
☐ Clinical psychologists  
☐ None of the above  
☒ Other (please specify) Local Leisure Center Staff \_\_\_\_\_

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) Allergies \_\_\_\_\_

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) At point of High Suspicion of Cancer, for orthopaedics at the point of listing for surgery \_\_\_\_\_

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*) Patient Experience \_\_\_\_\_

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*) \_\_\_\_\_

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*) \_\_\_\_\_

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

\_\_\_\_\_

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