

CSP2023: 172 Evaluation of the Active Together multimodal cancer prehabilitation and rehabilitation service embedded within clinical care cancer pathway [abstract only]

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Evaluation of the Active Together multi-modal cancer prehabilitation and rehabilitation service embedded within clinical care cancer pathway.

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General abstract data

Preferred presentation location: England - 1st of November

Theme & Methodology: Essential Rehabilitation - service evaluation & improvement

to patients who previously underwent treatment for cancer without receiving rehabilitation support.

Please explain how your work fits with the conference theme you have chosen This evaluation examines a service where physiotherapists use advanced assessment techniques to identify patients' level of need, determining the correct intensity and mode of physical activity prescribed. It uses behaviour change methods to support self-management and self-efficacy and describes how the service improves outcomes of patients going through cancer treatment.

Abstract text (maximum 500 words)

Purpose: Active Together is an evidence-based multi-modal rehabilitation service for patients with a cancer diagnosis in Sheffield. It is embedded within standard clinical care pathways and provides input from Physiotherapists, Exercise Professionals, Dietetics and Clinical Psychology to help patients prepare for treatment and to recover well after treatment. The purpose of the evaluation is to determine the impact of this multi-modal rehabilitation service on patients' physical and psychological wellbeing, as well as their clinical treatment outcomes and the economic benefits to the wider healthcare system.

Methods: The outcome evaluation comprises a single group, longitudinal design to determine the impact of the Active Together service on patient outcomes measured throughout the service pathway, including physical capacity, psychological wellbeing and dietetic need. A one-way repeated measures (within-group) analysis of variance is used to determine both the statistical and clinical significance of changes in patient outcome measures throughout the service pathway. To assess the impact of the service from an economic perspective, including evaluation of length of hospital stay and length of treatments required, health resource usage and clinical treatment outcomes for patients that have received support from the Active Together service will be compared

Results: To date, 145 male patients and 104 female patients have received support from the Active Together service during their cancer treatment. Preliminary data shows that patients exhibit clinically significant improvements in measures of physical capacity (6-minute walk test and 30 second sit-to-stand), psychological state (quality of life, depression, anxiety) and levels of dietetic need, both during prehabilitation before starting treatment and during rehabilitation following treatment. It is shown that patients have improved outcomes from their treatment, and a reduction in mean hospital length of stay and thereby, reduced overall cost to the healthcare system compared to patients that did not receive rehabilitation.

Conclusion(s): The evidence-base behind prehabilitation and rehabilitation for patients with cancer is growing; the translation of that evidence into practice is less advanced. This study provides evidence to support the value of multi-modal prehabilitation and rehabilitation which is embedded within standard cancer care pathways. The results of this evaluation will contribute to the growing evidence base of the real-world effectiveness of cancer rehabilitation on both patient outcomes and the health economic landscape.

Impact: This evaluation demonstrates that the patients involved in prehabilitation have better health outcomes before, during and after their cancer treatment, and that they go on to develop positive health changes, improving their future health and therefore reducing their impact on the health service. The evaluation will support the development of business cases for similar services, whilst also providing a framework for the design of future prehabilitation and rehabilitation services across cancer care pathways and beyond.

It will also support the development of physiotherapy practice working in collaboration with fitness professionals to deliver prehabilitation on a system wide

1st Keyword: Physical Activity **2nd Keyword**: Cancer **3rd Keyword**: Physiotherapy

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 ${\it Cancer Research, Sheffield Hallam\ University\ and\ Sheffield\ Teaching\ Hospitals.}$

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Ethical Approvals
Ethics approval: No

Ethics details: Service evaluation

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Member: Yes

Affirmation

I have read the submission guidelines and agree to the terms above $\mbox{\rm Yes}$

Transfer of copyright of the symposium abstract/s presented at CSP Annual Conference 2023: Yes

Consent to publication: Yes

Other

Did you undertake this research while you, the presenter, were an undergraduate, pre-registration student at a CSP accredited physiotherapy programme, and graduated in 2022 or are due to graduate in 2023?: No

Do you consent for your abstract presentation (slides and/or poster) to be published on the CSP Annual Conference 2023 websites? Yes

Do you consent to your submitted abstract being published by Elsevier as part of a special post conference supplement in the CSP journal

Description of the conference supplement in the CSP journal conference supplement in the CSP

Physiotherapy?: Yes

Do you consent for your presentation to be recorded and made available on the CSP Annual Conference 2023 websites? Yes