

NHS England planning guidance – SE London approach to delivery

Sam Tordesillas

Personalised Cancer Care Senior Programme Manager

Samantha.Tordesillas@gstt.nhs.uk

Faye Dickinson

Cancer Rehabilitation Ambassador Implementation Lead

Isla Veal

Physical Activity Project Lead

South East London Cancer Alliance

Today's presentation:

- Cancer alliance function and funding
- NHS England planning guidance 24/25 – prehab and physical activity
- Previous work completed in SE London and approach to addressing planning guidance



Cancer Alliances

Cancer Alliances are unique. As the primary vehicle for delivery of the NHS Long Term Plan ambitions for cancer and improvements in cancer performance, they **bring together partners across complex cancer pathways to deliver the best care and outcomes for patients**. By leading systems and service delivery, they were **central to the success in maintaining cancer services during the pandemic**.

Cancer Alliances were established in 2016, following the recommendations of the Independent Cancer Taskforce. The Taskforce recognised the need for capacity and leadership for delivering improvements to cancer services, much of which had been lost following an overhaul of the former cancer networks in 2013. There are 21 Cancer Alliances, responsible for leading the planning and delivery of cancer services and for leading work across their local system to:

Speed up cancer pathways,
reducing waiting times
and improving operational
performance

**Diagnose cancer earlier
and improve survival,**
by delivering Long Term
Plan projects like Targeted
Lung Health Checks and
by reducing treatment
variation

**Improve patient
experience and quality of
life,**
supporting providers to
implement new follow-up
pathways and embed
personalised and
supportive care

**Reduce health
inequalities in cancer
services,** using latest data
and working with partners
to identify solutions



Funding:

NHS England set yearly expectations of cancer alliances through their cancer planning guidance. They provide non recurrent funding to alliances to deliver these expectations through eg transformational projects, proof of concept pilots and service redesign. Cancer alliances are also expected to identify and address local priorities.

NHSE cancer planning guidance

Past personalised care deliverables

- Focused around assessment of holistic needs, information giving and roll out of personalised stratified follow up
- 22/23 planning guidance brought in work on psychosocial support
- No previous national deliverable regarding prehab/rehab
- Cancer alliances identify and address additional local priorities

Personalised care deliverables 24/25

Deliverables:	<p>Set up local agreements that fully establish core personalised care interventions and Personalised Stratified Follow Up (PSFU), in line with NHS-wide guidance, within local commissioning and/or provider monitoring arrangements.</p> <p>Continue to deliver the Cancer Alliance’s psychosocial support improvement plan.</p> <p>Based on the Alliance’s existing knowledge and/or on new gap analyses, co-produce improvement plans and agreements for sustainable commissioning and delivery of ;</p> <p>a) prehabilitation interventions/services in line with guidance from the national team</p> <p>b) the offer of brief behaviour change and other intervention(s) across the whole cancer pathway that support people to increase any form of physical activity.</p>
Rationale:	<p>People affected by cancer often experience significant psychological and physical impacts from their diagnosis and treatment, which can last for many years to significant personal and societal detriment.</p> <p>Prehabilitation and quality of life (QoL) for people affected by cancer are recognised in the DHSC Major Conditions Strategy framework 2023 as areas for improvement.</p>
Cancer Alliance role:	<p>Work with primary and secondary care, ICB commissioners and other partners</p> <p>Engage with experts including PPV and charities to produce Alliance improvement plans which will lead to sustainable delivery of : (1) prehabilitation interventions/services; and, (2) greater levels of physical activity across the cancer pathway.</p> <p>Engage with national and local communities of practice by promoting learning opportunities and creating and sharing case studies.</p>
Direction of travel:	<p>Improvements in psychosocial support / prehabilitation / physical activity are further building blocks towards a fuller range of interventions and services that prevent, mitigate and treat the impact of cancer and its treatment (from diagnosis up until transition to palliative and end of life care), e.g. rehabilitation, late effects, enhanced supportive care etc.</p>
Health Inequalities:	<p>Alliances should address health inequalities according to local assessments, to identify people/groups with additional needs and to plan their care accordingly.</p>

Pre/ rehabilitation and SE London – local priority 20-24


Pan London rehabilitation mapping 2019 revealed gaps/ absence in specialist cancer AHP workforce in 2/3 Trusts in SE London – further impacting ability to deliver prehabilitation



SELCA cancer rehabilitation ambassador deep dive project 21-22 focused on generalist AHPs who see patients with cancer as part of their caseload and patient perceptions of rehabilitation

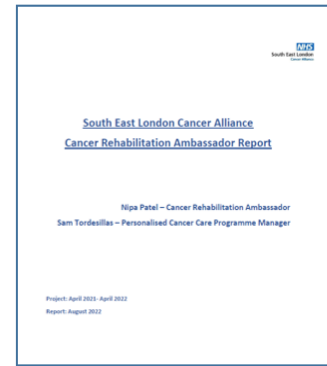
Findings – poor patient and professional understanding of cancer rehab, willingness to accept referrals for people with cancer however low confidence in cancer knowledge and skills, missed collaboration opportunities, no education and training framework, underpinned by a lack of strategic leadership

Recommendations regarding **education and training, engendering system collaboration and communication, leadership and addressing gaps in service provision**



23- 24 – Cancer Rehabilitation Ambassador Implementation Lead Project

Cancer Rehabilitation Ambassador Implementation Lead Project



- Education and Training
- Engendering Collaboration
- Service Provision

Inputs	Activities	Outputs	Outcomes/ Impact		
			Short	Medium	Long
<ul style="list-style-type: none"> • Cancer Rehabilitation Ambassador Report • Additional previous scoping reports and recommendations • Cancer Rehabilitation Ambassador Implementation Lead • Steering Group 	<ul style="list-style-type: none"> • Communications and engagement • Cancer Rehabilitation Support Line Pilot • Cancer Rehabilitation Information Sessions • Introduction to Cancer Rehabilitation Face to Face Study Days • Share and Learn Webinars Series • Input into wider training initiatives 	<ul style="list-style-type: none"> • Information signposting and advice through Support Line Pilot (n=8) and Cancer Rehabilitation Information Sessions (n=5) • 2 x Face to Face Study Day with attendance from AHPs (n=70) • 3 x Share and Learn Webinars with attendance from HCP across SEL (n=128) • Participation in Cancer COP with delivery of educational webinar and involvement in working group for ACCEND • Evaluation and recommendations 	<ul style="list-style-type: none"> • Increased AHP knowledge and confidence with providing cancer rehabilitation • Improved visibility and awareness of cancer rehabilitation • Sustainable forum and model for learning and relationship building • Improved 2 way communication, collaboration and networking between teams • SEL directory of services and increased visibility of services on cancer care map 	<ul style="list-style-type: none"> • Support Trust level business planning • Support professional network development • Support building of cancer specialist workforce 	<ul style="list-style-type: none"> • Improved quality and access of cancer rehabilitation • Improved quality of life for people living with cancer

Cancer Prehabilitation in SE London

SELCA work to-date:

Pilot funding 2019-21:

- 1 Trust - colorectal, HPB, haem, breast
- 1 Trust – lung, colorectal
- 1 Trust – Alvie app trial

Psychology colorectal prehab

investigation project across 2 Trusts

SE London Principles for Prehabilitation

developed and encouraged to be take up
across system

The current landscape

- No formal prehabilitation pathway across the Alliance – investment would be required
- Pockets of SELCA funded prehabilitation activity in specific tumour sites – all have required additional resource, challenge to get posts substantiated, driven up inequity
- Activity largely focused around targeted and specialist interventions
- Gaps in cancer rehabilitation and psychology provision in all settings
- Small workforce across all professions
- Limited understanding of benefits by decision makers
- High interest
- No strategic approach to prehab development as an ICB as a whole

SE London Prehabilitation plan 24/25

Based on the Alliance's existing knowledge and/or on new gap analyses, co-produce improvement plans and agreements for sustainable commissioning and delivery of prehabilitation interventions/services in line with guidance from the national team

- Focus of attention on universal offer
- Deep dive into current prehab activity in SEL including refresh of mapping, highlight best practice and gap analysis
- Complete workforce review – availability to support prehab and gap analysis
- Convene SEL prehab expert reference group
- Identify opportunities to collaborate with non cancer prehab ICB work and community groups
- Refresh SE London principles for cancer prehabilitation
- Evaluate current universal resources, exercises and patient information available and develop appropriate guidance and materials
- Agree consensus on the SE London universal prehabilitation minimum offer and SEL screening tool
- Develop improvement plan and recommendations for spread and scale of universal offer
- Identify initial tumour site for universal prehabilitation offer pilot

Enablers:

Role of prehab in supporting national operational performance targets

Refresh and update of Macmillan Prehabilitation Guidance

DHSC Major Conditions Strategy framework 2023 – prehab highlighted as area for improvement.

Physical Activity and SE London – local priority 22/23

- SE London is one of the least physically active regions in the UK
- 1 in 4 have poor health related to their treatment
- 1 in 2 have 2 or more comorbidities at diagnosis
- Macmillan funded physical activity project 12 years previously – outputs included setting up PA service at Guys and training up leisure providers in boroughs
- 2022 – PA not routinely discussed with patients
- Focus group activity – patients reporting not being told or signposted to PA services
- Mapping revealed cancer trained leisure providers no longer in post
- Use of HNA and QOL data to reveal concerns and symptoms which would be helped by PA
- Prehabilitation agenda – a need for standard, high quality resources for the exercise component of prehab

I feel really let down by my cancer team that I was not made aware of the benefits of exercise and what being active meant for me

I don't discuss it, as I don't know what support is out there for my patients

In the cancer literature/leaflet it says to be physically active but targeted groups for post cancer patients would be amazing and would make me more likely to go. I was nervous about doing stuff.

I heard nothing about physical activity, the barrier to exercise is after treatment you don't realise how weak you are, its finding what works for you and I couldn't find anything that was targeted

Virtual Webinars

- Nearly full house- teaching on 'physical activity in cancer- what you need to know'
- Invited patients, carers and professionals to learn together
- 11 sessions delivered (5 free virtual webinars and 6 in-service training)
- Webinars fully booked with registrants prior to the events

Impact of the teaching

- Increase in the awareness of physical activity recommendations from 52% to 75%

Statistical increases in the following

- understanding of the importance of PA on PWC (increase from 69%-95%, $p=0.004$)
- confidence to discuss PA with PWC (from 54% to 88%, $p=0.0003$)
- confidence to meet PA recommendations themselves from 70-83% ($p=0.04$)
- 82-95% reported a desire to know more about PA and cancer.



Output 2

Supporting staff with resources

Top tips for HCP in many tumour groups & treatment modalities to support staff to give physical activity practical advice

[Top Tips on Physical Activity & Cancer :: South East London Cancer Alliance \(selca.nhs.uk\)](https://selca.nhs.uk)

SELCA website/professionals/physical activity

Find out more:



Physical activity: a staff guide
COLORECTAL

MOVE MORE AND SIT LESS

- Improves cancer-related fatigue
- Helps depression
- Helps anxiety
- Improves sleep quality
- Improves quality of life
- Improves muscle strength
- Helps joint pain
- Reduces hormone/metabolic dysfunction
- Helps body composition

EVIDENCE FOR BENEFIT OF PHYSICAL ACTIVITY FOR ALL CAUSES OF COLORECTAL CANCER

Physically active people are at a lower risk of all cause cancer mortality.

PEOPLE WHO ARE ALREADY ACTIVE
Encourage people who have been recently active to continue with their physical activity. They may need to do a little less on their 'not so good' phases of radiotherapy.

SURGERY
Walking and strength training is a great way to support recovery before and after surgery. Walk daily at a pace to leave you slightly out of breath or march on the spot. Encourage post surgery exercises for the back and shoulders. Speak to the ward physio for help as required. Wait 6-8 weeks after surgery to return to strenuous activities.

SACROPENIA OR CACHEXIA
Strength exercise can help to maintain and rebuild muscle mass and strength. Physiotherapy can help to maintain function and help to achieve goals. Consider a referral to cancer physiotherapist along with a dietician to help increase their physical activity.

BONE METS/LESIONS
Exercise can be safe and is beneficial for improving function, quality of life and reducing risk of falls & fractures to cancer physio for guidance.

FATIGUE
Resistance exercise is safe and improves fatigue and improves quality of life. A week of moderate intensity physical activity shows benefits. Start with 10-15 minutes of physical activity on 5-6 days a week. Increase to 30 minutes on 5-6 days a week. If symptoms are not resolved after 2-3 weeks, refer to a physiotherapist.

SWIMMING
Swimming is fine during radiotherapy. However, advise patients to monitor skin dryness and reduce the amount of swimming in chlorinated water. Recommend showering afterwards and moisturize. Stop swimming if sun irritation is noted.

SIDE EFFECTS OF RADIOTHERAPY
Risk of losing range of movement
Stretch and flexibility exercises around the treated area can help maintain range. Keep doing these exercises until a few weeks after the treatment has finished.

Joint & Muscle pain
Physical activity can help. Warm up and cool down helps the body prepare and recover from activity.

Bone loss
Weight bearing plus impact exercises (stairs, walking, jumping) is important for bone health as radiotherapy can cause bone loss.

Muscle loss
After radiotherapy is complete, progressive strength exercises are important as radiotherapy can cause muscle mass and limit weight loss.

Fatigue
Combined aerobic and resistance exercise is the #1 treatment for fatigue and improving energy levels. Do 30-45 minutes of activity 3-5 times a week. Make a note on how the fatigue responds to different activities.

Bladder and bowel
If treatment is near the bladder or bowel, pelvic floor exercises may be appropriate to start. Start pelvic floor pre, post and continue until symptoms have resolved. Refer to a physiotherapist if symptoms persist after 3 months.



Output 3

Patient resources

[Physical activity and cancer | Review 360 \(articulate.com\)](#)

Being active when you're living with cancer

START



Welcome. If you're living with cancer, this resource will help you to understand more about:

- how physical activity can help you
- how to be physically active before, during and after your treatment
- the support you can get for your concerns and to help get started.

- 6 x 12 minute exercise real time exercise videos at a novice or advanced level
 - Inc individual short exercise clips
 - Printable exercise programmes
- SELCA website/what can I do to help myself/physical activity
- [Physical Activity & Exercise :: South East London Cancer Alliance \(selca.nhs.uk\)](http://selca.nhs.uk)

Guy's Cancer physiotherapy team 0207 188 9654 Active.you@gst.nhs.uk

EXERCISE PROGRAM #1 Beginner

1. **PRESS UP**
10 repetitions then rest
2-3 sets

1. Stand facing a wall.
2. Place your hands on the wall
Hand's shoulder-width apart
Elbows in line with the body
Body in a straight line
3. Bend your arms and lower your chest
Breathe in as you lower
4. Push your body away from the wall as you straighten your arms and breathe out

The more challenging version:

1. Stand facing a lower surface
e.g. a sturdy kitchen counter
2. Place your hands on the lower surface
Shoulder-width apart
Elbows in line with the body
Body in a straight line
3. Bend your arms and lower your chest
Breathe in as you lower
4. Push your body away from the surface as you straighten your arms and breathe out

Joelle Rainford
Cancer Exercise Instructor

Physical activity

Find out more:



www.selca.nhs.uk/patients-and-carers

Output 4

Enabling an appropriately trained workforce

- Grant for 10K awarded by Sport England for the training for 14 staff in cancer rehabilitation level 4
- Training co-ordinated by PA lead to ensure all boroughs covered
- Ongoing support package being agreed

Output 5

Guys and St Thomas Hospital Physical Activity Strategy –in draft

Keeping visible and high on agenda - multiple presentations, promotion, social media campaigns, clinical champions

SE London Agreed Physical Activity Recommendations – 'Everybody's Business':

1. All people with cancer are counselled in physical activity after diagnosis (and throughout) their pathway by HCPs
2. All health care professionals, social prescribers and signposters) who work with people with cancer should be aware the following:
 - benefits of physical activity to someone with cancer.
 - universal message of 'move more and sit less'
 - ACSM exercise recommendations
 - how to identify someone in need of support of physical activity ie key symptoms (fatigue, anxiety, depression, quality of life, not meeting exercise recommendations)
 - how to have an impactful conversation about the benefits of physical activity
 - how to refer to the appropriate services

SE London Physical Activity Plan for 24/25

Based on the Alliance's existing knowledge and/or on new gap analyses, co-produce improvement plans and agreements for sustainable commissioning and delivery of the offer of brief behaviour change and other intervention(s) across the whole cancer pathway that support people to increase any form of physical activity.

- Ongoing high profile and support for signposting/ referral
- Embed Physical Activity recommendations in all tumour groups
- Monthly programme of physical activity interactive webinars in collaboration with Guy's Cancer team
- Accessibility of resources – languages, easy read version
- Brief intervention training enabling impactful conversations
- Evaluation of effectiveness in increasing uptake of PA and agree recommendations for further work to inform improvement plan

Advice from our learning:

- Link with your cancer alliance early – they will have developed a plan for the deliverables
- Important to know your starting point – what’s going on now
- Link with non cancer work in ICB where possible
- Engage leisure providers early and think about what ongoing support package looks like
- A ‘frontman’ helps for identity
- Develop local narrative regarding links to early diagnosis and operational performance
- Pinch Guy’s Cancer and SELCA PA resources with pride and share widely 😊
 - Please contact us: Isla.Veal@gstt.nhs.uk