

Cancer Prehabilitation and Primary /Community CareCare

- Often the focus when discussing prehab is on specialist, multi-modal services – ideal for more complex patients but from a Primary Care perspective it is important that we understand the benefits of Universal/targeted offers
- Any intervention that seeks to reduce harm, improve emotional and physical resilience, and improve outcomes and long-term health is important
- The universal prehabilitation offer should be for ALL, not just those with less complex needs – meaning if a specialist offer not available or wanted by the individual, other options should be considered

- The level of prehabilitation shouldn't be solely based on clinical need – need to consider social and cultural context, activation levels, personal abilities, level of engagement
- Although the ideal for many might be a multi-modal approach, for many reasons for some people a single/targeted mode of intervention might be more manageable and still have significant benefits
- Primary Care approach to rehab (in general) might be very different
- For various reasons we may look at the benefits differently
- Rather than considering acute recovery and treatment outcomes we might more think about improved QoL , improved LTC management, reduced polypharmacy, community engagement.
- Whenever we engage in lifestyle change advice in Primary care we are ideally looking for sustainable change with broad impact on both physical and mental health, rather than a short-lived intervention

- May often be more opportunistic/MECC rather than proactive - so may more likely be single modal, VBA
- However, if a cancer diagnosis can create that opportunity for a discussion we should be building on this
- GPs may be more familiar with prehab for surgery in general when there is a longer planning time but not think about it for cancer
- Lots more roles in Primary Care now so not just a GP or GPN to have this conversation – other roles that can potentially spend more time having behavioural change conversations
- Also more roles to give more specific interventions – however, the timelines of cancer treatment make this a challenge in Primary Care
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- Much work needed though to educate primary care on the benefits of rehab for cancer – suspect it isn't often thought about
- Little understanding of the specific and significant potential benefits
- Little understanding of the impact of even a short period of behavioural change – few weeks
- May understand more re Smoking Cessation or reduced alcohol but not as much re increasing physical activity or improving nutrition
- Does seeing it as 'prehab' detract from getting Primary Care engaged rather than seeing it as essential advice and support to drive sustainable lifestyle changes, improve outcomes and reduce recurrence rates as well as other benefits mentioned already
- Community assets often not considered – may be support, services, solutions available in the community that are much more accessible, less daunting, more culturally acceptable with added benefits over and above the specific intervention