

# Northamptonshire

## Cancer Exercise Referral Pathway

### Health Professionals Information

#### 1. Introduction

The Cancer Exercise Referral Pathway is a part of the Personalised Care and Support which offers a programme of exercise with specialist advice and expertise. The scheme aims to introduce cancer patients and survivors to the benefits of regular physical activity in order to aid their recovery.

There are a number of key opportunities for intervening with cancer survivors, to increase uptake of physical activity, before, during and after treatment. By integrating physical activity promotion into the cancer care pathway, health professionals can help to maximise the potential for physical activity to improve health and quality of life for people living with and beyond cancer.

#### 2. The Importance of Physical Activity

Physical activity is important for cancer patients at all stages of the cancer care pathway.

There is evidence to support the role of physical activity for the following stages of the cancer care pathway:

- a) During cancer treatment – physical activity improves, or prevents the decline of physical function without increasing fatigue
- b) After cancer treatment – physical activity helps recover physical function
- c) During and after cancer treatment – physical activity can reduce the risk of cancer recurrence and mortality for some cancers and can reduce the risk of developing other long-term conditions
- d) Advanced cancer – physical activity can help maintain independence and wellbeing

Promoting physical activity at all stages of the cancer care pathway has the potential to improve the health and quality of life of cancer survivors as well as reduce NHS expenditure.

#### 3. Integrating Physical Activity into the Cancer Care Pathway

Health professionals should try to integrate the promotion of physical activity appropriately into patient care at a number of points along the cancer care pathway.

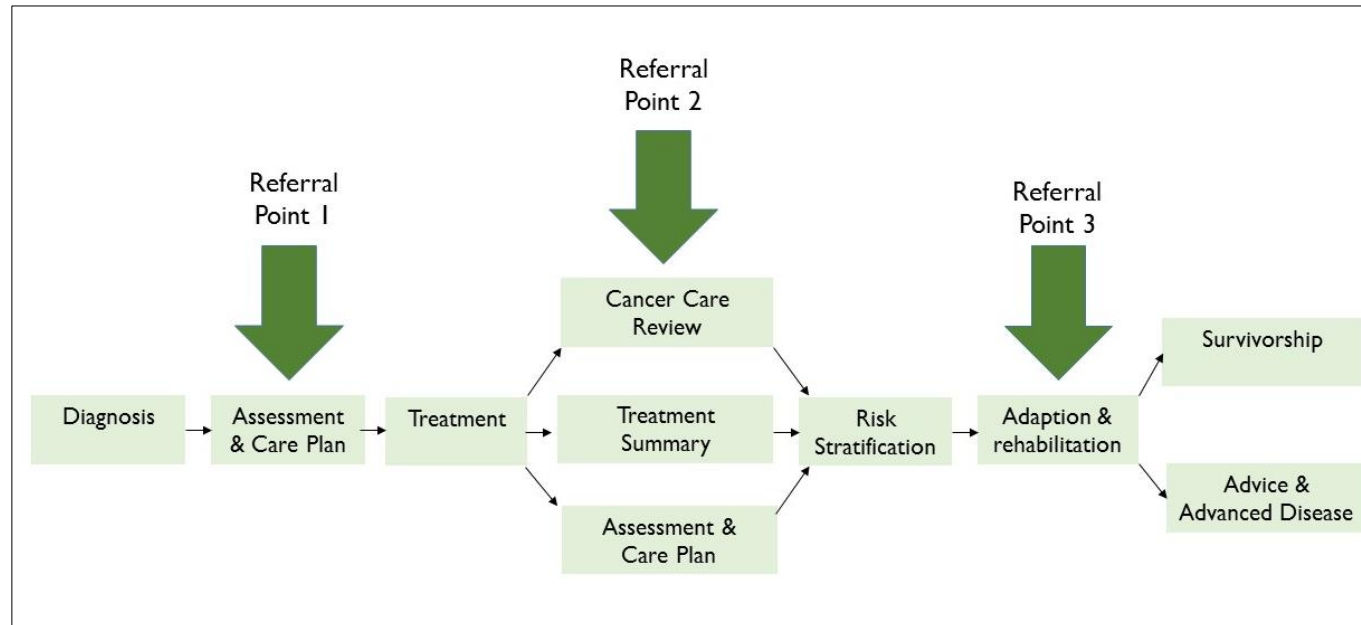
Allied health professionals (i.e. clinical nurse specialists, hospital clinicians, GP,s physiotherapists, occupational therapists etc.) that work in out-patients or on the ward could also signpost are well placed to offer physical activity advice to cancer patients during their many interactions throughout treatment and observation.

The Macmillan Recovery Package core interventions provide an excellent opportunity for healthcare professionals to raise awareness of the importance of being active during and after cancer treatment. This can be done during assessment and care planning using the holistic needs assessment or at a health and wellbeing event.

A variety of professionals can help enable patients to become more active, at a number of 'key moments' in the cancer care pathway when it is most appropriate to initiate a discussion about physical activity:

- a) **At Diagnosis:** Diagnosis of cancer can provide a “teachable moment”, in which discussions about diet and physical activity are likely to be well received by the patients. Clearly, such discussions have to be handled sensitively, as the patient will have many overriding concerns.
- b) **Prior to Surgery:** Physical activity can be seen as one aspect of preparing for surgery; ensuring the patient is as fit as possible and improving their recovery from surgery. It is thought that fitter patients are less likely to have anaesthetic or surgical complications.
- c) **During Treatment** (as part of a holistic assessment and care plan): Physical activity can help to improve physical function – or at least reduce the rate of decline of physical function – during treatment. For some patients, physical activity can provide a pleasant diversion while undergoing treatment, and can help with self-esteem and quality of life.
  - a. **Following Treatment** (and at follow up cancer care review – six month follow up appointment in primary care): Following the completion of cancer therapy, many patients continue to experience adverse effects of treatments. Physical activity can help recover physical function (including building muscle strength and improving cardiovascular fitness), manage fatigue, improve quality of life and mental health, and control body weight.

These discussions should be integrated into the patient’s care pathway in a planned and systematic manner. The diagram below shows three main referral points in cancer care pathway.



## 4. General Safety Considerations Regarding Exercise

The table below are some general safety considerations regarding exercise during or after treatment.

Potential Adverse Event	Precautions
Exacerbation of symptoms (eg pain, fatigue, nausea, dyspnoea.)	Avoid high-intensity exercise; monitor symptoms; modify exercise type based on site of treatment (eg avoid exercise bike after prostate/rectal surgery).
Immunosuppression	If patient has low white blood cell counts, avoid high intensity/volume of exercise (keep to light moderate intensity).
Falls	If patient has dizziness, frailty, peripheral sensory neuropathy, incorporate balance and co-ordination exercises (eg tai chi) and avoid activities needing considerable balance/coordination (eg treadmill)
Bone fracture	If patient has bone metastases / osteoporosis risk/ lytic lesions avoid high impact or contact activities.
Lymphedema	To prevent lymphedema, progress resistance exercises in small and gradual increments. To avoid exacerbation of lymphedema, avoid strenuous repetitive exercise with affected limb; wear compression garment

## 5. The Referral Pathway

Safety is paramount when planning, prescribing and delivering an exercise programme for people living with cancer. The referral pathway is based on supporting individuals to become active or stay active in an activity, or an appropriate intensity that is right for them. This means ensuring there is sufficient access to a range of trusted resources and activities locally and not just cancer specific exercise sessions.

There is no 'One size fits all' physical activity. Some individuals will prefer to engage in physical activity alone, rather than as part of a class, or appreciate the 'normality' of taking part in physical activities open to all. Others prefer to engage with people who are also living with and beyond cancer. It is important not to make assumptions about what activities individual will want to access. For these reasons the Referral Pathway will include three options:

**a. Self-Management:** Using unstructured activities

Everyday activity is one of the easiest ways people can become more active. Building activity into their daily lives, whether as part of a commute to work, trips to the shops, gardening or walking the dog, this all adds up to increasing activity. There are also a range of online resources and videos provided specifically for people living with cancer provided by various cancer charities. <https://www.northamptonshiresport.org/adults-with-long-term-conditions>

**b. Self-Referral and Signposting:** Providing access to appropriate community led structured activities

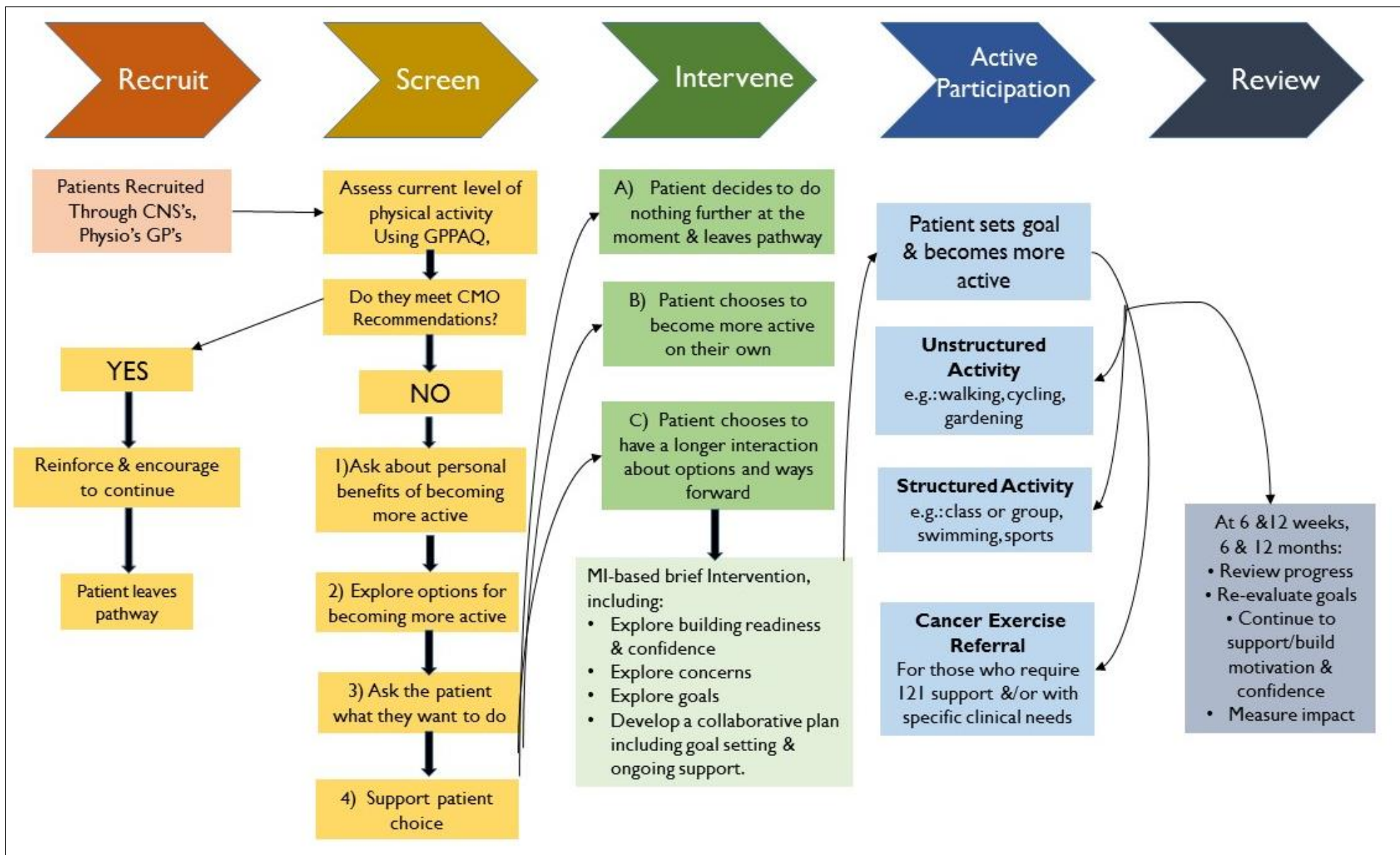
There are a wide variety of activities and opportunities provided in the community, including sports clubs, exercise classes and group sessions, (e.g.: Health Walks, Walking Sports, Yoga, Tai Chi, Swimming etc). For more information on staying active whilst living with cancer visit: <https://www.northamptonshiresport.org/adults-with-long-term-conditions>

**c. Formal Referrals:** From a healthcare professional to the Cancer Exercise Referral Programme.

Further details regarding the Cancer Exercise Referral programme and the referral process is detailed in the next section.

Based on these NICE recommendations, the Department of Health has produced a physical activity care pathway for the NHS. *Let's Get Moving* provides a framework for a systematic approach to identifying patients who would benefit from becoming more active and enabling them to do so and can be integrated into both prevention and clinical care pathways. It sets out the approach from recruiting patients; screening them for activity levels; offering appropriate tailored interventions; and active participation and review.

The key principles are that the intervention is tailored to the patient's needs and readiness to change, based on the principles of motivational interviewing. The stages are set out in the diagram on the page below.



**Summary of Abbreviations:**

GPPAQ - General Practice Physical Activity Questionnaire; CMO - Chief Medical Officer; MI -Motivational Interviewing

## 6. The Cancer Exercise Referral Programme

This is a new programme which has been developed by Northamptonshire Sport in collaboration with Macmillan teams in Northamptonshire, Public Health Northamptonshire and a number of four Leisure Providers who also run the Activity on Referral Scheme.

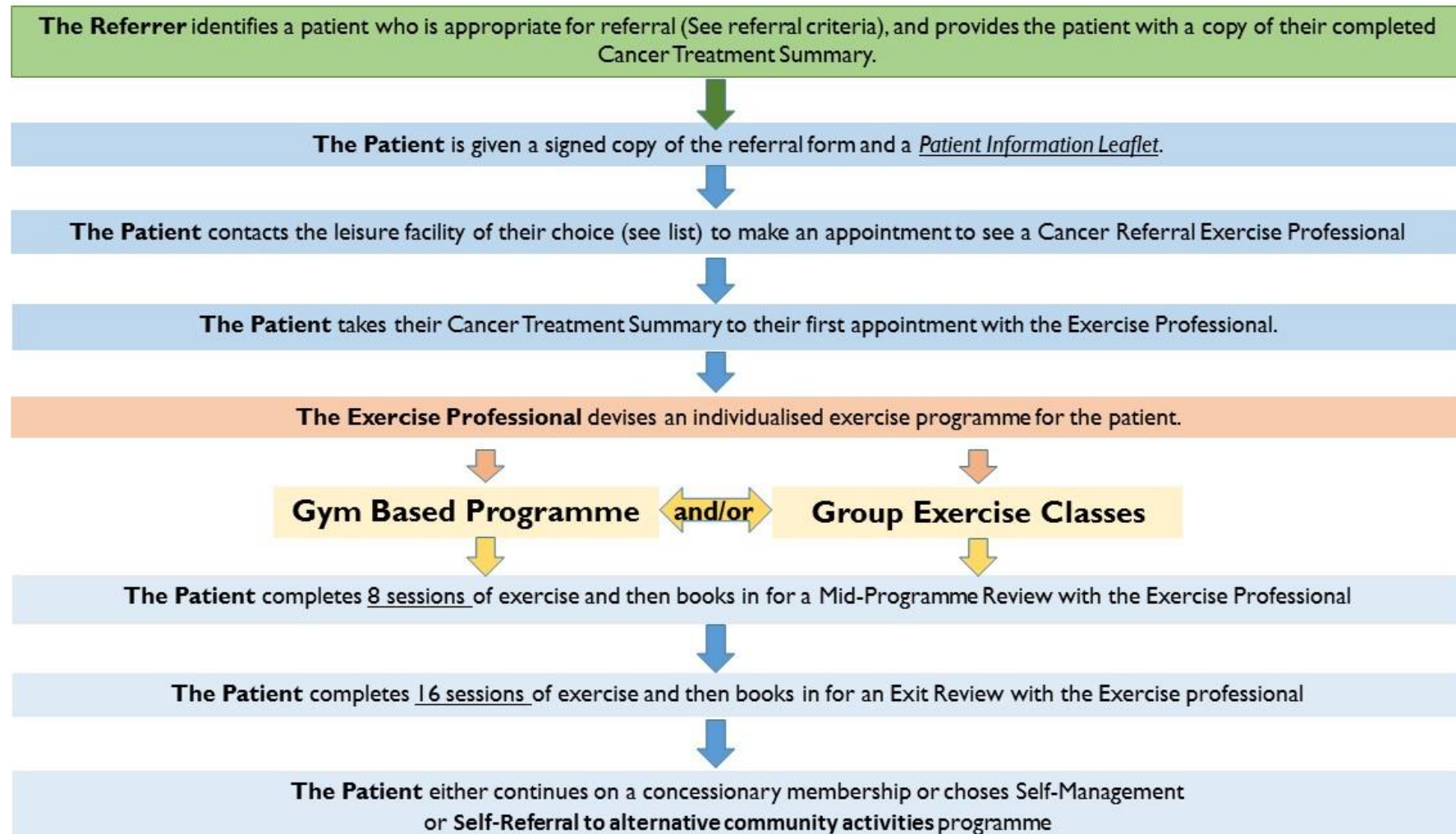
The scheme consists of a programme **16 exercise sessions**, specifically designed for individuals who have been affected by cancer and whose quality of life can be maintained or improved through taking part in regular physical activity. It is available to patients who have been diagnosed with **any cancer type** and are **pre-treatment, undergoing treatment or post-treatment**. To cater for a wide range of patients the scheme includes an individual gym-based exercises as well as group exercise classes.

The programme is delivered by Cancer Rehab trained Exercise Professionals. It provides one-to-one support in a safe, supported and motivating environment. The individual is provided with a gradual introduction to a regular manageable exercise routine, tailored to their individual needs with the aims of improving physical strength, mobility, function and quality of life.

This is a referral-based scheme and as such the individual can only join the programme with their '*Cancer Treatment Summary*' signed by a cancer clinical nurse specialist, oncology consultant, GP, occupational therapist, physiotherapist, surgeon or physician. In the absence of a Cancer Treatment Summary a completed referral form will be required.

## 7. The Cancer Exercise Referral Programme Pathway

The diagram below shows the referral process for the Cancer Exercise Referral Programme Pathway



## 8. Inclusion & Exclusion Criteria

Please note that the scheme has the following inclusion and exclusion criteria.

### **Inclusion Criteria:**

- ✓ Clinical diagnosis of cancer.
- ✓ Patient is 16 years and over
- ✓ Patient is at one of the following stages of the cancer journey:
  - Pre-treatment.
  - Undergoing treatment.
  - Post-treatment.

### **Exclusion Criteria:**

If an individual living with cancer is referred for an exercise prescription, who has any of the following comorbidities, they are not eligible for a community-based exercise programme:

- Unstable angina
- Unstable or acute heart failure
- Unstable diabetes
- New or uncontrolled arrhythmias
- Resting or uncontrolled tachycardia
- Hypertension: resting systolic over 180mmHg or resting diastolic under 100mmHg
- Symptomatic hypotension
- Febrile illness

Individuals should contact their GP for advice on a more appropriate exercise programme.

### **Additional Medical Considerations:**

There are also a series of other medical situations which would require a health professional approval:

### **Haematological**

- No exercise on days of intravenous chemotherapy or within 24 hours of treatment
- No exercise prior to blood draw
- Take precautions if there is a severe reaction to radiotherapy
- Recommend medically supervised exercise testing if on treatment that affects lungs and/or heart
- No exercise if very low blood counts – platelets of fewer than 50,000 white blood count of under 3,000 or heartbeat (haemoglobin) of under 10g/dl



## **Musculoskeletal**

Refer back to the health professional if:

- ✓ Bone, back or neck pain of recent origin
- ✓ New unusual muscular weakness
- ✓ Severe cachexia (sudden weight loss and physical wasting)
- ✓ Presenting with unusual extreme fatigue
- No exercise if any pain or cramping
- If osteopenia – avoid high-impact exercise if at risk of fracture
- If steroid-induced myopathy – no exercise

## **Systemic**

- Acute infections – no exercise
- Febrile illness (a fever of more than 38C/100F) – no exercise and refer back to health professional.
- Monitor if has general malaise
- If had recent systemic illness or infections, avoid exercise until asymptomatic for more than 48 hours

## **Gastrointestinal**

- Severe nausea – no exercise
- Vomiting or diarrhoea within previous 48 hours – no exercise
- Severe dehydration or poor nutrition (i.e.: inadequate fluid and/or food intake) – monitor

## **Cardiovascular**

- Chest pain – no exercise requires further investigation.
- Monitor and refer if resting pulse over 100b/min or under 50b/min
- Irregular pulse – refer back to health professional

## **Pulmonary**

- Severe dyspnoea (shortness of breath) – no exercise and refer back to health professional
- Cough, wheezing – monitor
- Chest pain increased by deep breath – no exercise and refer back to health professional

## **Neurological**

No exercise and refer back to health professional if there are signs of any of the following:

- Significant decline in cognitive status
- Dizziness / lightheaded
- Disorientation / ataxia
- Blurred vision

## 9. The Cancer Exercise Referral Venues

The following venues offer the Cancer Exercise Referral Programme:

Venue	Contact
<b>Lodge Park Sport Centre</b> Shetland Way <b>CORBYP</b> NN17 2SG	Scott Grant <a href="mailto:Scott.Grant@corby.gov.uk">Scott.Grant@corby.gov.uk</a> 01536 464643
<b>Fitness without Boundaries</b> Lodge Farm Community Centre, Crestwood Rd, <b>NORTHAMPTON</b> NN3 8JJ	Raphael Davighi <a href="mailto:rdavighi@fitnesswithoutboundaries.com">rdavighi@fitnesswithoutboundaries.com</a> 01604 452750
<b>Reach for Health</b> 16 High March, <b>DAVENTRY</b> NN12 4HB	Wadge Grzelak <a href="mailto:info@reachforhealth.co.uk">info@reachforhealth.co.uk</a> 01327 871118

## 10. Roles & Responsibilities

### The Role of the Health Professional:

#### a) Recruit and screen the patients:

- To help enable patients improve their health and wellbeing by becoming more physically active by take advantage of ‘key moments’ within the cancer care pathway to provide information and initiate a discussion about being active. These discussions should be integrated into the patient’s care pathway in a planned and systematic manner.
- Assess the patient’s level of physical activity and motivation to change, and discuss appropriate types of physical activity which might be available to them. The discussion should highlight the health benefits of physical activity (perhaps using Macmillan Cancer Support patient resource *Move More*) and the *Patient Information Leaflet*.

#### b) Goal Setting with the Patient:

- Work through key behaviour change stages and conclude with a clear physical activity goal set by the patient, identifying local activity opportunities, including the Cancer Exercise Referral Programme, Self-Referral programme of structured activities as well as Self-Management programme of resources.

#### c) Signpost or Make a Referral:

- Signpost to opportunities, or make a referral into the Cancer Exercise Referral Programme, taking into account the inclusion and exclusion criteria provided, and to retain **overall clinical responsibility** for the individual patient.
- In line with exercise referral guidelines there must be meaningful transfer of relevant information to the Exercise Professional who will be conducting the exercise intervention. **The responsibility to ensure that this happens rests with the referring clinician**, who will make a professional judgement as to

what information must be disclosed to the exercise professionals to enable them to tailor a safe and effective exercise programme that will meet the needs of the patient or client.

### **The Role of the Exercise Professional:**

#### **a) Safe design and delivery of the exercise programme:**

- The cancer rehabilitation exercise professionals are responsible for the safe and effective management, design and delivery of the exercise programme. All of the exercise professionals working within the scheme are Level 4 Cancer Rehabilitation Exercise Specialists, Level 3 Exercise Referral Specialists. It is recommended that these exercise professionals are members of Register for Exercise Professionals (REPs) and committed to on-going CPD. These exercise professionals should also have the knowledge and expertise to support individuals with chronic health conditions and limiting disabilities.

#### **b) Review of the Exercise Programme:**

- Conducting regular reviews of the exercise programme with the patient to ensure it still meets the patient's goals and ability.
- Review the impact of the exercise programme on the patient by assessing patient's physical activity levels, fatigue and quality of life at the review meetings and on completion of the 16 sessions. If the patient is still exercising on the programme, follow up reviews should be conducted at 3, 6 and 12 months.

In all cases if there are any queries, or if any further information is required, referring health professionals and exercise referral professionals should communicate directly with each other.

### **The Role of the Patient:**

#### **a) Participation in the Programme:**

- Responsibility for participating in the exercise programme and following the programme design and guidance rests with the participant.
- Patients must give their **informed consent** within the limit of their competence to do so, whatever that limit may be, and to the best of their knowledge. Informed consent must be obtained from a carer or another appropriate person if the participant's competence to give informed consent is limited.

#### **b) Attend Programme Reviews:**

- To ensure the continued safety the patient and that exercise goals are regularly reviewed in line with the capabilities of the individual, the patient is required to attend a review meeting after 8 and 16 sessions.
- The patient will also be required to complete the patient monitoring forms to help measure the impact of the programme.

## 11. Outcome Measures

The key **objectives** of the scheme is to increase patient's quality of life by reducing depression and fatigue, improving cardio-respiratory performance, enhancing muscular strength and endurance, and increasing flexibility and balance. The Facit Fatigue Scale is one measure which will be used to assess improvement.

Quantitative metrics will also be collected by each Cancer Exercise Referral site:

- Number of referrals
- Number of consultations conducted
- Total number of sessions completed
- Number of exit reviews completed
- Number of patients joining the concessionary membership
- Type of cancer
- Stage of treatment
- Type of referrer (including referral name)

## 12. Data Protection

**Confidentiality and Data Protection:** Personal information will be held by the four service delivery partners Corby Borough Council, Fitness without Boundaries Charity, Reach for Health and Freedom Leisure in accordance with the Data Protection Act 2018. The data collected from each patient will be used solely for the purpose of developing a safe exercise programme. Some of the information will also be used to monitor and evaluate the effectiveness and impact of the programme against agreed outcomes.

## Further Information

For more information about the scheme contact: Jackie Browne, Northamptonshire Sport on **07584 557329** [AOR@Northamptonshiresport.org](mailto:AOR@Northamptonshiresport.org)