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Targeted and specialist intervention

Based on thorough discipline-specific assessment, individuals will be stratified into moderate or high-risk categories which leads to targeted and specialist prehabilitation intervention respectively[1].

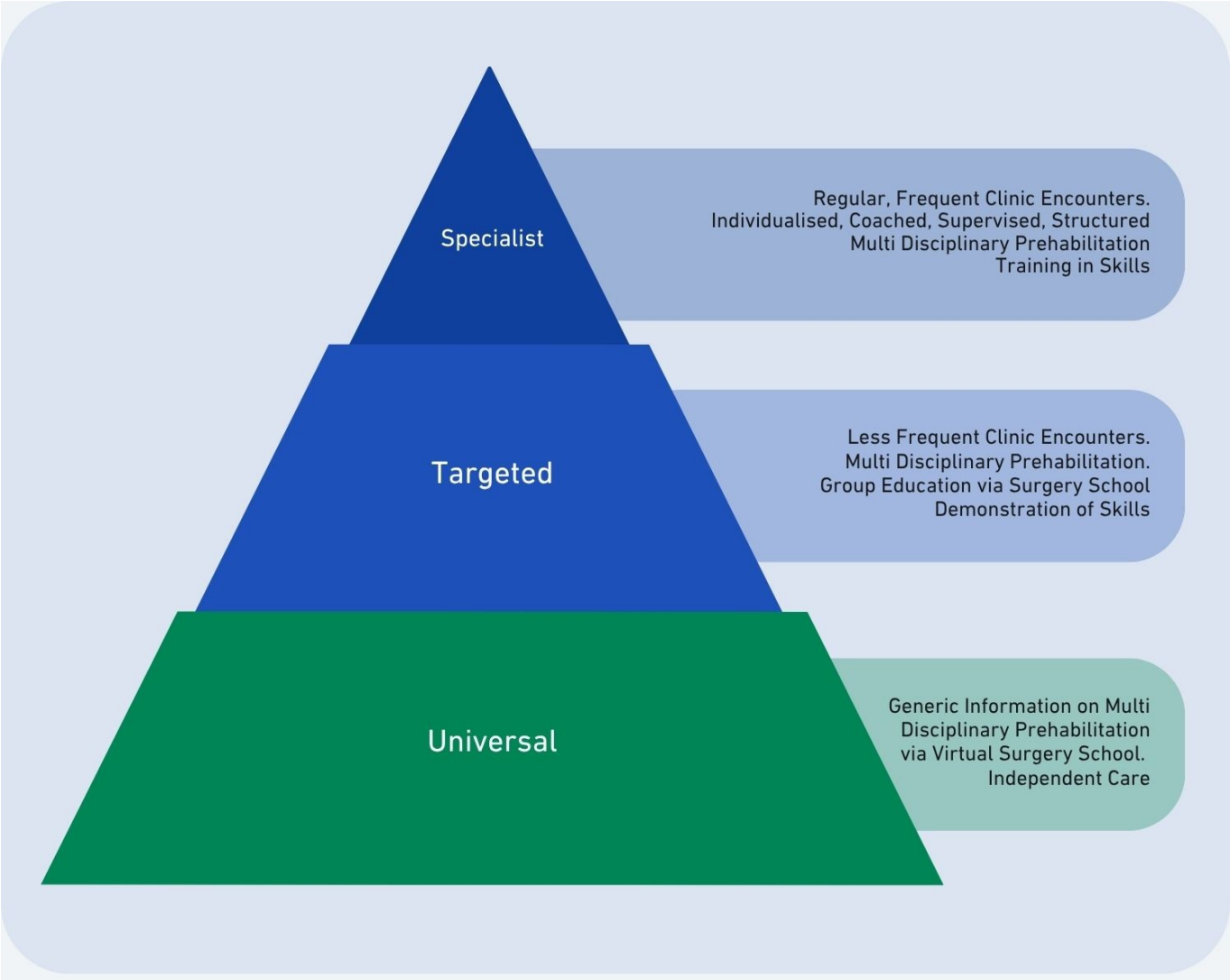

Figure 1. Modified from MacMillan prehabilitation interventions triangle[1]

- **Targeted prehabilitation** is **assessed** and **prescribed** by a registered healthcare professional with relevant competencies and may be delivered by un-registered or non-healthcare professionals.
- **Specialist prehabilitation** is **assessed, prescribed and delivered** by registered healthcare professionals.

For further example of the difference between targeted and specialist care please review the

exercise, nutrition and psychology care pathways as described in Service setup.

Common considerations across all disciplines

Patients needing to be linked into a patient-preferred service

Individuals may prefer to access local health services for ease of access or familiarity especially if it is where they are receiving their neoadjuvant therapy or have established therapist relationships and hence would benefit from referral for prehabilitation interventions to be carried out at the preferred service.

1. If a referral is required to external services outside your health service: Call local community service and ascertain wait-list for assessment; explain that due to a short window for prehabilitation, patient should be considered a high priority
2. If wait-list is appropriate ask about referral procedure and complete as per procedure
3. Request contact details/email for community clinician and provide further details to this clinician re: recommended outcome measures and discipline specific model of care to ensure interventions align with prehabilitation principles
4. Schedule review at appropriate timepoints, for example every fortnight if relevant to patient's risk category or prior to patient's case being discussed at multidisciplinary meeting; this time should be dedicated to following up with community clinician re: progress/progression/regression; once therapeutic relationship established and plan in place, further review is at discretion of clinician.

Barriers and enablers

Behaviour change is a key pillar in the measure of success in prehabilitation. The Engaging and motivating patient section details how to identify and enhance patient engagement to overcome common barriers in prehabilitation. Of note these are common considerations to maximise exercise-related patient and service outcomes.

- Consider use of exercise tools to enhance adherance e.g. physical activity tracking devices, exercise diaries
- Collaborate with patient to set meaningful goals
- Recruit support from patient's support network i.e. partners/friends attend appointments with patient or join in on exercise activities.

To encourage fidelity and consistency amongst clinicians, a model of care or operational guideline is encouraged to be developed relevant to your health service.

Complex patients

Shared decision making is a process of collaboration between a patient and care team. Its goal is to align the values and goals of the patient along with the available evidence of the risks and benefits of treatments so that the most appropriate plan can be made for each individual. For

more information on this process see Shared decision making.

Discharge from prehabilitation discipline-specific service

If an individual is independent with intervention program, consistent with their adherence and is close to their surgery booked they may be suitable for discharge from the discipline-specific service.

A discharge package may be useful to support the patient, this may include:

- Updated ongoing maintenance individualised program
- Contact details of the prehabilitation clinician for patients to contact with any concerns re: their program
- Information about safety considerations with program, when to stop and who to contact if concerns arise.

Also, ensure communication via the Identify, Situation, Background, Assessment, Recommendation (ISBAR) handover framework[2] to the appropriate inpatient therapy team is completed to ensure continuity of care.

References

1. Macmillan Cancer Support. Prehabilitation for people with cancer: clinical and implementation guidelines. 2025
2. ISBAR Collaborative. ISBAR: A Framework for Effective Communication. 2009.

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