NICE: Perioperative care in adults Quality Standards consultation

Yorkshire Cancer Research response: January 2026

Yorkshire Cancer Research comments:

In response to the initial stakeholder engagement, Yorkshire Cancer Research argued that the prehabilitation or preoperative element of 'Enhanced recovery programmes' should be long enough for clinically significant improvement and where possible offered from the point of diagnosis.

The draft Quality Statements do not fully reflect this key area of quality improvement. None of the draft Quality Statements are focussed on expanding access to prehabilitation before surgery.

There is a growing body of evidence that shows exercise-based cancer prehabilitation and rehabilitation can improve cancer survival outcomes and reduce cancer recurrence. This is supported by evidence from Yorkshire Cancer Research's Active Together programme. A service evaluation of the first two years of operating demonstrates that Active Together Sheffield is associated with an overall 10% improvement in survival for people with bowel, lung and upper gastrointestinal cancers.[1] Exercise based prehabilitation and rehabilitation can also improve physical, psychological and treatment related health outcomes for people with cancer.[2]

Yorkshire Cancer Research is helping to further develop the evidence base for exercise-based cancer prehabilitation and rehabilitation. A new service evaluation of the Active Together programme is in development. The Charity also funds the NEOREHAB trial, which will evaluate if a physical activity programme can increase the number of non-small cell lung cancer patients who are able to undergo surgery following chemo-immunotherapy.

As a result, NICE should establish a separate clinical guideline for exercise prehabilitation and rehabilitation for all cancer patients, which includes guidance on the type, intensity and timing of exercise across treatment phases.

In Yorkshire Cancer Research's initial response, the Charity recommended that all people who smoke should be automatically enrolled into smoking cessation services whilst awaiting surgery. The Charity welcomes NICE's acknowledgement of this recommendation in section 4.2 of the briefing paper.

Quality Statement 5 recommends that adults having surgery are given information and support to reduce their modifiable risk factors, before surgery. It explains that service providers should ensure that systems are in place to support the reduction of modifiable risk factors and that healthcare professionals are aware of local healthcare interventions.

Yorkshire Cancer Research proposes that the Quality Statement is amended to: "Adults having surgery are given information and support to reduce their modifiable risk factors before surgery, *including through the automatic enrolment of people who smoke into smoking cessation services*." The supporting guidance to different audiences should also be amended, so that both commissioners and service providers are specifically required to ensure that adults are automatically enrolled into smoking cessation services before surgery. Advice to healthcare professionals should also be amended to recognise that patients will have been automatically enrolled into smoking cessation services.

Collectively, these amendments can ensure that all adults awaiting surgery who smoke are offered the high quality stop smoking support that they need to quit.

The equality and health inequalities assessment describes that no geographical area variation in service provision was identified at this stage of the development of the Draft quality standard. However, section 4.1 of the briefing paper cites findings from the Yorkshire Cancer Research Bowel Cancer Improvement Programme (YCR BCIP), which finds significant variation between NHS Trusts in the provision of perioperative care in elective colorectal cancer surgery within Yorkshire and the Humber.[3] This includes variation in the completion of functional assessments and cardiopulmonary testing, along with the involvement of an Enhanced Recovery After Surgery (ERAS) nurse was present at postoperative destination.

The geographical variation highlighted by the Bowel Cancer Improvement Programme should be acknowledged in the equality and health inequalities assessment.

References:

1. Sheffield Hallam University. *Active Together Service Evaluation*. 2024. Accessed: 23/01/2025. Available from: https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/active-together
2. Yorkshire Cancer Research. *From Diagnosis to Recovery: Embedding Exercise in Cancer Treatment Pathways*. 2025. Accessed: 20/01/2025. Available from: https://www.yorkshirecancerresearch.org.uk/about-us/what-we-do/policy-reports
3. Taylor JC, Rossington H, George R, Alderson SL, Quirke P, Thomas C, et al. *Variation in perioperative practice in elective colorectal cancer surgery: opportunities for quality improvement*. Discov Oncol. 2025;16(1):473.