

Outcomes Report: BMS Macmillan Prehabilitation Project

Project overview

The BMS Macmillan prehabilitation project was developed to understand and advance the adoption of prehabilitation in NHS cancer care. It was designed to demonstrate the value of prehabilitation as wraparound support in non-surgical cancer care, helping patients better prepare for and benefit from treatment while also informing service efficiency and wider pathway reform. The project and final report brought together insights and evidence from Macmillan Cancer Support, Bristol Myers Squibb (BMS), IQVIA and 11 NHS Trusts to explore how prehabilitation can improve patient experience, reduce pressure on NHS services and support wider cancer pathway reform.

Macmillan Cancer Support were the lead on the system, clinical and policy insights within the partnership, providing expertise in cancer care and service transformation, supporting NHS sites through its national reach, and advising on the overall strategic direction of the project.

IQVIA was the data and analytics partner, responsible for working with NHS pilot sites to establish data collection processes, managing data governance and sharing agreements, and conducting the patient-level analysis that underpins the report's findings and evidence base.

Bristol Myers Squibb contributed project management support, funding and policy/advocacy expertise in amplifying messages externally for this project.

The report was developed from 2023 to early 2025, with final publication and launch activity taking place in October 2025. It formed part of a wider collaborative programme of evidence development, stakeholder engagement and advocacy focused specifically on strengthening the case for prehabilitation, as well as highlighting key leaders in the prehabilitation care space with learning and recommendations for future programmes.

Objectives

- Build a robust and validated evidence base to support the integration of prehabilitation into cancer treatment pathways, by working collaboratively with NHS Trusts to collect and analyse patient-level data, staff insights and real-world case studies - with a focus on improving patient readiness for treatment, experience of care and overall outcomes.
- Enable knowledge-sharing and dissemination of best practice across pilot sites, supporting wider NHS adoption.
- Demonstrate the system-level value of prehabilitation, particularly its potential to reduce pressure on services, improve patient flow and unlock capacity within the NHS.

Activities completed

- Development of a full evaluation report on prehabilitation in non-surgical NHS cancer pathways
- Collaboration with 11 NHS Trusts to gather service insight and implementation learnings
- Creation of an Expert Working Group comprising of NHS, charity and policy stakeholders, as well as the NHS Trust pilot sites, with frequent meetings, dedicated drop-in sessions and one-on-one meetings for each Trust
- Analysis of patient-level data from five NHS pilot sites
- Collection and analysis of staff survey responses across all 11 NHS Trust pilot sites
- Collection of patient case studies from 8 out of the 11 NHS Trust pilot sites
- Drafting, review and refinement of the report through multiple development stages in late 2024 and early 2025
- Design, production and print/digital preparation of the final report for launch in 2025
- Launch planning and stakeholder engagement activity during 2024 and 2025
- Joint development of an evidence-based value proposition for prehabilitation, drawing together patient, service and system-level insight to support wider understanding of its role in cancer care
- Publication of the report on BMS and Macmillan channels, as well as social media activations
- Use of the report as a stakeholder engagement asset to inform wider conversations about prehabilitation adoption, service redesign and future cancer care planning
- Elevation of prehabilitation clinical staff and patient voices and experiences of prehabilitation to support the case for better and wider implementation of prehabilitation
- Launch roundtable event held on 22nd October 2025 to showcase findings and bring together decision-makers and leaders in cancer care

Outcomes achieved

- The project produced a substantial evidence-based report, *Understanding and advancing the adoption of prehabilitation in NHS cancer care*, which became the principal output of the collaborative working project.
- The report set out a clear case for scaling prehabilitation in NHS cancer care. Its findings indicated that, if extrapolated across England, prehabilitation could reduce average hospital stay by 0.12 days per patient, potentially freeing up 374,845 hospital bed-days annually and enabling up to 48,057 additional patients with cancer to be treated each year. It also strengthened the strategic case for embedding prehabilitation within future NHS cancer planning and pathway redesign, and helped articulate prehabilitation as an integral, patient-centred component of cancer care pathways rather than an optional add-on.

- The project generated both quantitative and qualitative insight, with a strong patient and prehabilitation clinical staff voice throughout. Findings highlighted strong support for prehabilitation among NHS staff, while also identifying structural barriers to adoption, including funding pressures and variable organisational prioritisation. The project also contributed to a richer understanding of how patient and service experience should inform future adoption of prehabilitation, as well as developing key policy recommendations for further development and implementation of prehabilitation.
- The report also helped position the Macmillan-BMS partnership as a credible contributor to national conversations about cancer service reform. By October 2025, the report had been published publicly and used as a key asset in media activity, stakeholder engagement and the partnership's launch event. The project also served as a practical example of collaborative working between Macmillan and BMS to support the NHS with evidence, engagement and advocacy around prehabilitation.

Supporting evidence and impact

The final report was publicly available on the BMS website and also hosted via Macmillan's prehabilitation resources for healthcare professionals page.

The report launch was supported by a coordinated communications approach in October 2025. Press materials referenced the 11 participating NHS Trusts:

- Gloucestershire Hospitals NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- Mount Vernon Cancer Centre, East and North Hertfordshire NHS Trust
- NHS Grampian
- North Bristol NHS Trust
- Portsmouth Hospitals University NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Somerset NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- University Hospitals Bristol and Weston NHS Foundation Trust
- University Hospitals Sussex NHS Foundation Trust

The report also became a platform for subsequent thought leadership, including pieces in the New Statesman and the Nursing Times, stakeholder outreach and event content focused on futureproofing cancer care and supporting the development of the National Cancer Plan. Stakeholder engagement and advocacy were built into the collaborative approach, and the report was intended not just as a publication output but as a resource to inform wider system and policy conversations about prehabilitation.

Overall outcome

Overall, the project successfully transformed a multi-site evidence-gathering exercise into a high-value external report and policy engagement asset. It elevated the lived experiences of prehabilitation clinical staff and patients and created a credible evidence base for prehabilitation in non-surgical cancer care, providing leverage for wider expansion of programmes, as well as supporting public and stakeholder-facing communications, and providing Macmillan and BMS with a strong platform for further advocacy and engagement. It also helped build a more strategic, patient-centred case for prehabilitation as part of future cancer care pathways, while demonstrating the value of collaborative working in generating evidence and momentum for adoption.