

# The Empower Pathway

## Innovating Personalised Care for Testicular Cancer patients

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### Background

Managing the sequelae of treatment side effects whilst educating and encouraging patient 's to self-manage has been shown to be important but inconsistent throughout the UK. At RMH, 1483 patients responded to a follow-up care survey. 80% felt that testicular cancer follow-up required a specific skill set best suited to that of a General Practitioner. Based on this feedback we have implemented 'The Empower Pathway' managed by a team; Advanced Nurse Practitioner (ANP), GP with an extended role (GPwER), and senior support worker.

### Project Description

A 1-year pilot of 150 patients funded by RM Partners.

Goals: 1. To discern and address unmet needs. 2. Improve patient experience. 3. Detect and treat signs of other chronic conditions. 4. Develop an online video seminar pack 5. Develop hypogonadism and cardiovascular late affects pathways. 6. Redeploy outpatient appointments for new referrals and those with complex needs.

### Videos

Video multimedia is an excellent format it caters to many learning types. Dynamic elements can all be utilised to reduce learning time. Information should therefore be short and engaging. For these reasons a video pack including multiple concise videos was formed

The initial video pack contains 14 videos with an average length of 2:12 minutes.

### Pathways

Hypogonadism and cardiovascular late effects were identified as being inconsistently managed, local endocrinology and cardiology pathways have been developed to manage these patients.

### Information:

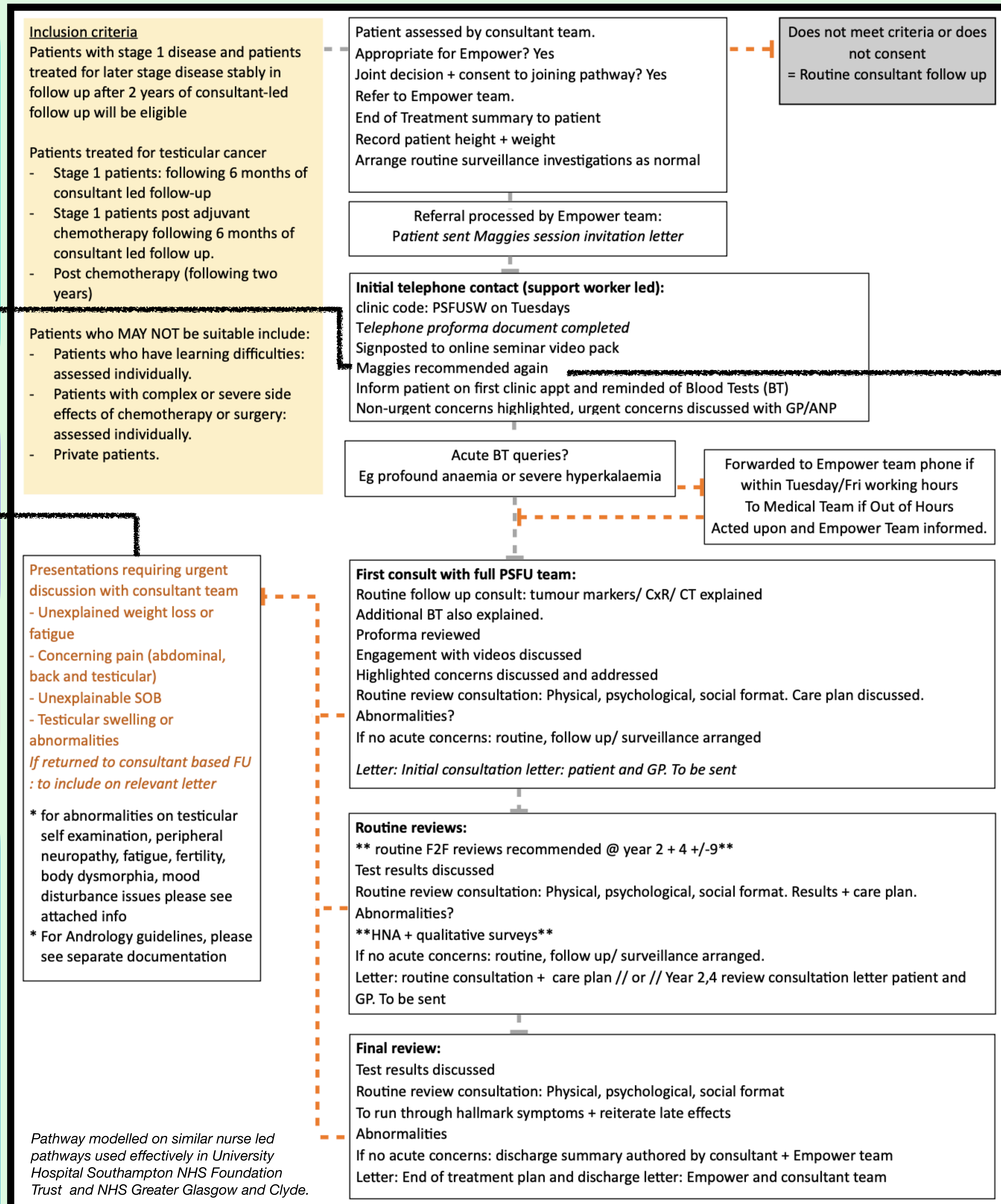
A hardcopy and virtual booklet was developed for patients to supplement online material.

### Survey

Unmet needs were assessed by surveying 22 patients seen within normal follow up clinics. 13 questions were asked, 3 of which were standardised from NHS assessment: collaborate.

Of 22 respondents. 59% were within 2yrs of treatment.

Figure A demonstrates the things that patients found to be important for their follow up care; whereas figure B identifies the needs that were not met during 'standard' follow up consultations.



### The Team

The combined complementary skills sets of an ANP and GPwER have not been tested in a personalised care setting.

Success will be reviewed in the form of achievement of project goals and patient feedback (via survey)



Rob Holwell GPwER

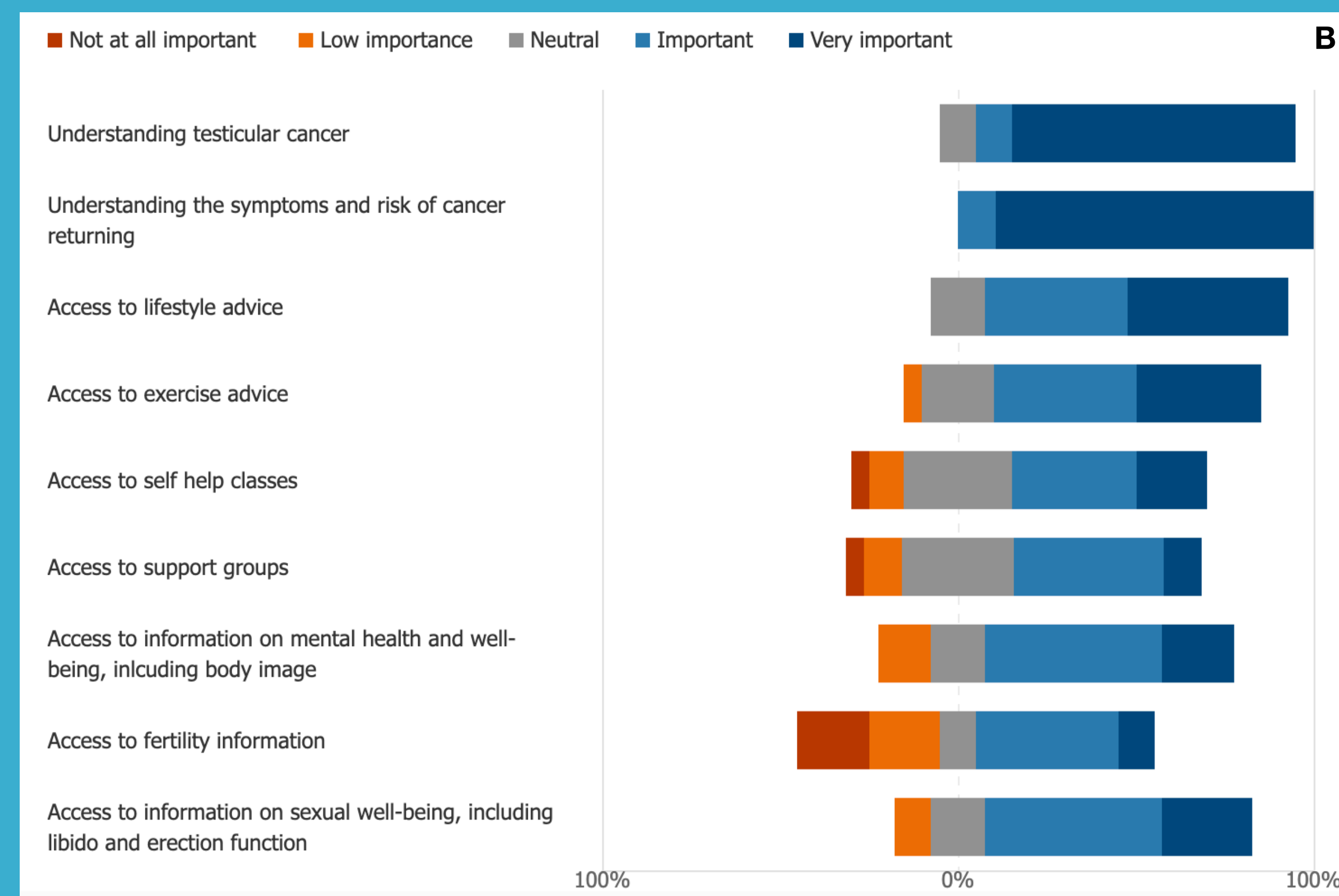
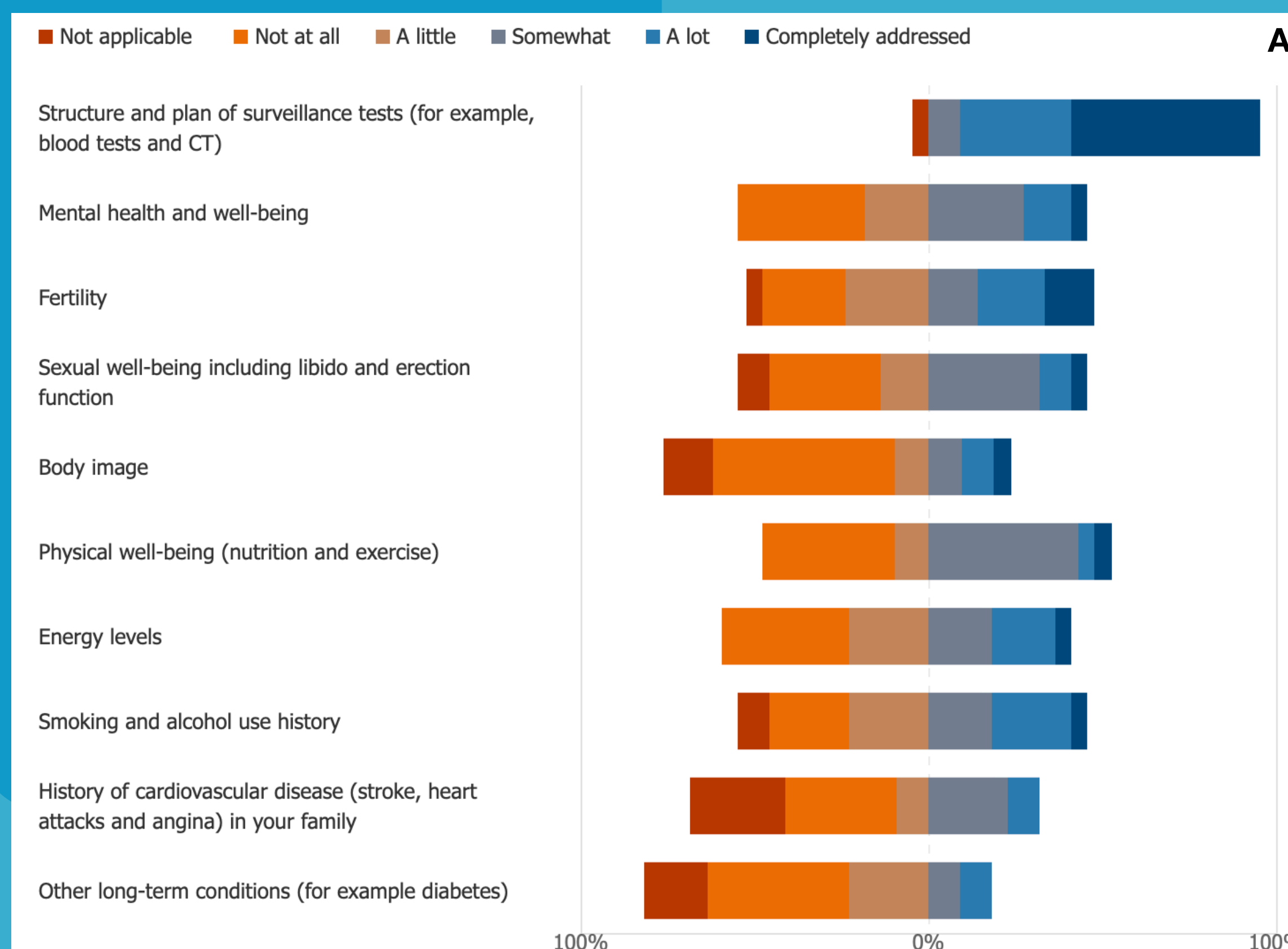


Penny Champion Urology ANP

### Where now?

#### Course by Maggie's

We developed an open discussion session for testicular cancer patients called 'Where Now?'. This peer support group encourages ongoing engagement



**Figure B**  
Q: On a scale from 'not at all' to 'very important' how important are the following factors to you? Please tick the option that best represents how you feel.

**Figure C**  
Q: We would like to understand what areas have and have not been addressed in your previous follow up appointments. To what extent have the following been addressed

### Conclusions

The pilot is now in month 6 and in the second month of being clinically active. Significant progress has been made with 3 of 7 project goals met. Data detailing the detection of chronic conditions and evaluation the effectiveness of the pilot team will be presented at a later date.

