# 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 formats 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.

Structure and plan of surveillance tests (for example,

Sexual well-being including libido and erection

Physical well-being (nutrition and exercise)

History of cardiovascular disease (stroke, heart

Other long-term conditions (for example diabetes)

100%

Smoking and alcohol use history

attacks and angina) in your family

blood tests and CT)

function

Body image

**Energy levels** 

Mental health and well-being

■ Not at all ■ A little ■ Somewhat

Inclusion criteria Patient assessed by consultant team. Does not meet criteria or does Patients with stage 1 disease and patients Appropriate for Empower? Yes not consent treated for later stage disease stably in Joint decision + consent to joining pathway? Yes = Routine consultant follow up follow up after 2 years of consultant-led Refer to Empower team. follow up will be eligible End of Treatment summary to patient Record patient height + weight Patients treated for testicular cancer Arrange routine surveillance investigations as normal Stage 1 patients: following 6 months of consultant led follow-up Stage 1 patients post adjuvant Referral processed by Empower team: chemotherapy following 6 months of Patient sent Maggies session invitation letter consultant led follow up. Post chemotherapy (following two Initial telephone contact (support worker led): years) clinic code: PSFUSW on Tuesdays Telephone proforma document completed Patients who MAY NOT be suitable include: Signposted to online seminar video pack Patients who have learning difficulties: Maggies recommended again assessed individually. Inform patient on first clinic appt and reminded of Blood Tests (BT) Patients with complex or severe side Non-urgent concerns highlighted, urgent concerns discussed with GP/ANP effects of chemotherapy or surgery: assessed individually. Private patients. Acute BT queries? Forwarded to Empower team phone if Eg profound anaemia or severe hyperkalaemia within Tuesday/Fri working hours To Medical Team if Out of Hours Acted upon and Empower Team informed. Presentations requiring urgent First consult with full PSFU team: discussion with consultant team

- Unexplained weight loss or fatigue
- Concerning pain (abdominal,
- back and testicular) Unexplainable SOB
- Testicular swelling or
- abnormalities If returned to consultant based FU
- to include on relevant letter
- for abnormalities on testicular self examination, peripheral neuropathy, fatigue, fertility, body dysmorphia, mood disturbance issues please see
- attached info For Andrology guidelines, please
- see separate documentation

Pathway modelled on similar nurse led pathways used effectively in University Hospital Southampton NHS Foundation

Trust and NHS Greater Glasgow and Clyde.

■ A lot ■ Completely addressed

Routine follow up consult: tumour markers/ CxR/ CT explained

Additional BT also explained. Proforma reviewed

Engagement with videos discussed

Highlighted concerns discussed and addressed

Routine review consultation: Physical, psychological, social format. Care plan discussed. Abnormalities?

If no acute concerns: routine, follow up/surveillance arranged

Letter: Initial consultation letter: patient and GP. To be sent

# **Routine reviews:**

\*\* routine F2F reviews recommended @ year 2 + 4 +/-9\*\*

Test results discussed

Routine review consultation: Physical, psychological, social format. Results + care plan. Abnormalities?

\*\*HNA + qualitative surveys\*\*

If no acute concerns: routine, follow up/surveillance arranged.

Letter: routine consultation + care plan // or // Year 2,4 review consultation letter patient and GP. To be sent

■ Important
■ Very important

# Final review:

Test results discussed

Routine review consultation: Physical, psychological, social format To run through hallmark symptoms + reiterate late effects

■ Low importance
■ Neutral

# **Abnormalities**

Understanding testicular cancer

Access to lifestyle advice

Access to exercise advice

Access to self help classes

Access to support groups

being, inlcuding body image

Access to fertility information

libido and erection function

returning

Understanding the symptoms and risk of cancer

Access to information on mental health and well-

Access to information on sexual well-being, including

If no acute concerns: discharge summary authored by consultant + Empower team Letter: End of treatment plan and discharge letter: Empower and consultant team

# The Team

The combined complimentary 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

В

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 be 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.



100%





100%